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This study covers a period of three and one-half years from April 1, 1943 to October 1, 1946. The reason these years were selected was because it was not until April 1, 1943

CHAPTER I

INTRODUCTION

PURPOSE

This is a social study of forty-six male patients that were diagnosed as chronic alcoholics. Like any group of patients, that have a specific mental illness, there are certain characteristics in the lives of chronic alcoholics that seem common to all of them. The purpose of this thesis is, (1) to study and determine what social factors are common in the lives of the forty-six patients used (2) what social factors seemed to have special influence in the lives of these patients studied and, (3) what were their social and economic adjustments after their discharge from the hospital or while on indefinite visit, and (4) what factors seemed to account for the type of adjustments made after discharge?

SCOPE

The material for this paper was taken from the records of the Metropolitan State Hospital in Waltham, Massachusetts, the Massachusetts Board of Probation, and from personal interviews with the patients or their relatives when possible.

This study covers a period of three and one-half years from April 1, 1943 to October 1, 1946. The reason these years were selected was because it was not until April 1, 1943

that this hospital began to take outside admissions. Prior to this time it received patients only from other institutions.

The names and diagnoses of the patients studied were taken from the hospital staff book. It was discovered that there were ninety-six admissions for chronic alcoholism during the three and one-half year period studied. These were divided into nine communities from which they came, and in alphabetical order. A random sampling of fifty per cent was taken by selecting every other case, starting with the first patient at the top of the list.

After the writer had decided what points he wanted to study, general questions were formulated. This was followed by the preparation of a detailed list of scheduled questions which the writer believed would produce the necessary information to completely answer the proposed questions. The information was abstracted from each of the forty-six cases according to the schedule.

Court records were obtained for each patient. The writer was interested in not only the patient's past adjustment with the law, but in many cases this Court record was the only means of knowing what possible adjustment was made after discharge.

In regards to the post-discharge adjustments of the patients, the writer attempted to have a personal interview with each patient or with a relative. Unfortunately, this was not always possible. In the cases in which patients were

on indefinite visit, personal interviews were unnecessary because periodic contacts by the Social Service Department gave us a clear picture of the adjustment of these individuals.

There were certain limitations placed on the writer in preparing this paper. The unavoidable absence of certain detailed information in the record in which the writer was very much interested, was a handicap in studying the social factors in the lives of the patients. Another limitation was the insufficient time available to the writer in making personal visits, and the large area that had to be covered. Still another limitation was the inability of the writer to contact every discharged patient due to the difficulty of locating the patients. In many cases the patient and his family had moved and left no forwarding address, or there was no one home at the time of the writer's visit and no time was available for repeat visits.

The writer's plan for presenting this study is as follows: Chapter I will be an introduction to the thesis indicating the reasons for the study and the procedure followed in gathering the material. Chapter II will cover the hospital, its history, admission and discharge policies, and the work of its Social Service Department. Chapter III will contain a discussion of alcoholism and associated psychoses, and the fourth chapter will be a presentation of the social factors found in the study. The fifth chapter will be a presentation

of representative cases, including the adjustment made by these patients after discharge or while on indefinite visit. The sixth chapter will include a summary and conclusions.

The Metropolitan State Hospital is the newest State hospital in Massachusetts. Land, totalling three hundred and seventy-eight acres, was purchased from the City of Waltham and the Towns of Salem and Lexington in 1927. The ground was first broken on December 27, 1927 when the construction of the administration building was commenced. At the present time there are sixteen buildings on the grounds, including eight continued treatment buildings and a medical building for the care of physically ill patients. The other buildings are for administration, nurses, male attendants, recreation, dining halls and kitchen, laundry, and the garage, plus a heating plant.

The hospital was officially opened on October 23, 1930, but the first group of patients arrived from the Grafton State Hospital, totalling thirty-six patients, on December 26, 1929. These patients came with the status of trial visit and still more came during the following year with the same status until the hospital was officially opened. At that time they were officially entered on the books as transfers from the institution from which they came.

Admissions to the hospital for the first thirteen years were strictly transfers from other institutions. There

CHAPTER II

THE METROPOLITAN STATE HOSPITAL

The Metropolitan State Hospital is the newest State hospital in Massachusetts. Land, totalling three hundred and seventy-eight acres, was purchased from the City of Waltham and the Towns of Belmont and Lexington in 1927. The ground was first broken on December 27, 1927 when the construction of the administration building was commenced. At the present time there are sixteen buildings on the grounds, including eight continued treatment buildings and a medical building for the care of physically ill patients. The other buildings are for administration, nurses, male attendants, recreation, dining halls and kitchen, laundry, and the garage, plus a heating plant.

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were no new admissions from the various communities. On April 1, 1943, this policy was changed and patients directly from the communities covered by the hospital were granted admission.

At the present there are approximately two thousand patients in the hospital who are cared for, directed and treated by a staff of nine physicians, one dentist, three medical students from Tuft's Medical School in Boston, eighteen trained nurses, plus a large number of student nurses, plus a well organized Social Service Department and Occupational Therapy Department. The hospital is also adequately staffed with male and female ward attendants, drivers, cooks, and other necessary personnel.

ADMISSIONS:

The type of admissions and method of discharge are the same for all State Mental Hospitals in Massachusetts. The following, dealing with admissions, are sections of Chapter 123 of the General Laws of Massachusetts.¹

Section 51, provides for the commitment for an indefinite period of a person who has been certified to be insane by two physicians.

¹ Commonwealth of Massachusetts, Handbook of the Department of Mental Diseases, 1935

Section 77, provides for a thirty day observation period in a mental hospital and if, after observation, commitment is recommended, allows the judge ten extra days in which to act.

Section 78 - authorized the admission, without order of the court, of any person whose case is certified to be one of violent and dangerous insanity, or for other emergencies for a period of not more than five days, within which time the alleged person shall be committed or removed from the institution. The medical certificate must be signed by two physicians.

Section 79 - authorizes temporary care for not more than ten days in a mental hospital for a person deemed to be in need of immediate care and treatment because of mental derangement other than drunkenness.

Section 86 - deals with voluntary commitment. Any person who is mentally competent, can, by written application, submit himself for treatment. In the case of minors, legal or natural guardian must also sign.

Section 100 - provides for the mental hospitalization of a person under complaint or indictment for any crime. Such a commitment may not be for more than thirty-five days.

Section 103 - provides for the mental hospitalization of prisoners under sentence at any State Prison, Colony or Reformatory.

Section 104 - provides for the mental hospitalization of prisoners under sentence in a jail, house of correction or prison other than those named in Section #103.

Concerning the qualifications of the physicians mentioned in some of the above sections dealing with admissions, the Handbook states, in part:

No physician shall make a certificate of insanity under section fifty-one unless he makes oath that he is a graduate of a legally chartered medical school or college, that he has been in the actual practice of medicine for three years since his graduation and for three years last preceding the making of said oath, and that he is registered as a physician in accordance with Chapter one hundred and twelve, nor unless his standing, character and professional knowledge of insanity are satisfactory to the judge.

DISCHARGE:

The way in which a patient is discharged, depends largely on the type of commitment. For example, in Section 100 when the patient is committed by the Court for observation, if the patient is found to be sane, he is discharged directly to the Court. In the case of alcoholism, most of such cases, if found to be without psychosis, are discharged, and the hospital has no further contact with them unless they are readmitted on new commitment papers. However, in the case of regularly committed patients, with rare exceptions,

2 Commonwealth of Massachusetts, Handbook of the Department of Mental Diseases, 1935, Section 53, page 58.

they are discharged completely from the hospital only after completing a continuous year on indefinite visit outside the hospital, and make a good adjustment during this year. Concerning the term "visit" the Handbook of the Department of Mental Diseases has this to say.³

The term "visit" shall apply to the regular trial visit of twelve months or to any temporary absence from the hospital of over three days . . . Visits shall be reported on the weekly return . . . Absences that become visits (by the patient remaining out of the hospital more than three days) shall be reported as visits from the first day of absence . . . Every committed patient leaving the institution on visit may be returned to the institution at any time within twelve months from date of leaving on visit . . . In order to accomplish renewal of a visit it is necessary for the patient to re-enter the hospital and be again taken upon the daily census . . . All regularly committed patients leaving the hospital should be carried on visit for period of one year unless in the opinion of the superintendent there are circumstances which would make the discharge of the patient appear desirable.

3 Ibid, page 121.

Table I shows the hospital situation for the forty-six cases. Social Service Department was formed in 1931,

one year after the formal opening of the hospital. At that time the staff consisted of only one worker. Although it is still under staffed with permanent personnel, at the present time there are two trained and one untrained social workers, plus four second-year students.

TABLE I
HOSPITAL POPULATION STATISTICS

| DISPOSITION | NUMBER | PER CENT |
|--------------------|--------|--------------|
| Indefinite visit | 3 | 7 per cent |
| Discharged | 35 | 76 per cent |
| Still Hospitalized | 8 | 17 per cent |
| TOTAL | 46 | 100 per cent |

the patient. The purpose of these visits is to assist the patient in his adjustment in his home and in the community, and to offer assistance whenever it seems advisable.

In some cases in which the patient has no family or friend to whom he can go, and no job to which he can return, the social worker must find both a job and living quarters before the patient is allowed on visit. In many such instances, institutions of various types are used in which board and room, as well as salary, plus a certain amount of supervision, are provided.

SOCIAL SERVICE DEPARTMENT:

The Social Service Department was formed in 1931, one year after the formal opening of the hospital. At that time the staff consisted of only one worker. Although it is still under staffed with permanent personnel, at the present time there are two trained and one untrained social workers, plus four second-year students.

Among the services performed by the Social Service Department are the obtaining of social histories which are used by the psychiatrists to better understand the patient and his illness, and the making of pre-parole visits to determine the home, family and neighborhood conditions to which the patient is to return. After the patients return home on indefinite visit, supervision visits are made to the home periodically, depending upon the adjustment progress of the patient. The purpose of these visits is to assist the patient in his adjustment in his home and in the community, and to offer assistance whenever it seems advisable.

In some cases in which the patient has no family or friend to whom he can go, and no job to which he can return, the social worker must find both a job and living quarters before the patient is allowed on visit. In many such instances, institutions of various types are used in which board and room, as well as salary, plus a certain amount of supervision, are provided.

Due to the fact that only three of the patients were placed on indefinite visit, social service had very little contact in most of the cases studied. Social histories were obtained on all the Section #100 cases and periodic supervision visits were made in the cases of the three patients placed on indefinite visit.

Their troubles were laid to a weak will, or bad morals, or perversity. They were referred to as "neeks" or "neets" and in general, were to be avoided, if possible.

Today, all enlightened people, especially physicians, psychiatrists, and social workers, recognize the fact that alcoholics are sick people and in need of help. They are no longer able to control their drinking, instead, they use alcohol as a crutch and as a shield against the world. Dr. Robert V. Solinger says concerning the alcoholic:

He is the one who cannot handle alcohol in any form. It poisons him, so that with the first sip he loses control and will continue drinking (over a long or short period of time) until he is in possession of one or another sort, and his important life activities are interfered with or disrupted. Our colloquial language is rich in phrases describing this fact: "He's under himself"; "under the influence"; "a drunken fool"; "acts like a crazy man when he has drink in him"; and so on.

The questions might be asked (1) Why do people drink? (2) What are the reasons why people become alcoholics?

2 Robert V. Solinger, The Role of Psychiatry in Alcoholism, page 3.

CHAPTER III

ALCOHOLISM: CAUSES, RESULTS, TREATMENT AND PREVENTION

Until recently alcoholics were people to be reproached, or perhaps the objects of fun making. Their troubles were laid to a weak will, or bad morals, or perversity. They were referred to as "soaks" or "sots" and in general, were to be avoided, if possible.

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⁴ Robert V. Seliger, The Role of Psychiatry in Alcoholism, page 3.

The writer believes that question number one can be best answered by quoting Sadler's classification of drinking individuals, which is as follows:

1. Narcotizes Conflict. - Alcohol effectively narcotizes the consciousness of conflict; it is the easiest way to inhibit fear. When mildly intoxicated these victims of fear and conflict are able to behave quite normally in social groups. They are able to carry on their work and face their difficulties with equanimity. Their use of alcohol produces a peculiar sort of reckless daring which takes the place of innate moral stamina - strength of character.

2. Enhances Social Defense. - Some persons drink for no other reason than to facilitate their social life. Alcohol is thus utilized as a defense technic against social inadequacy and feelings of inferiority.

3. Facilitates Fear Adjustment. Others drink to acquire the ability to look down on cowardice. Alcohol bestows on these fear-ridden souls a sort of toxic courage which emboldens them to face up to life situations. Thus alcohol becomes a chemical substitute for effective decision and will power.

4. Compensatory Exhilaration. - Some take it to secure a sense of well being; they feel they are entitled to happiness; they do not know how to earn it in a normal manner, but having learned one time when taking a social drink that alcohol gave them this coveted good feeling, they continue the practice. There is no question that many men and women trudge along at their daily tasks, work that seems more or less drudgery, for the sake of getting to Saturday night when they can get drunk and enjoy a few hours of good feeling as well as good fellowship. Alcohol is a vasodilator and an immediate tension reliever.

5. Escape Technic-Trouble Dodging. - Then there are those who drink to "drown their troubles", to escape difficulties by thus fleeing into a state of more or less complete intoxication. This group embraces those neurasthenics and hysterics who seek to utilize alcoholic intoxication as an escape mechanism whereby they get away from difficulties, disappointment, anxiety, depression, and sorrow. Many of these people are periodic drinkers.

6. Chemical Craving. - Another group comprises those who are more or less habitually enslaved to alcohol. They have not been regular drinkers in the past; but as a result of disease, injury, or other conditions, not overlooking arteriosclerosis and senility, they find themselves increasingly yielding to the alcoholic lure.

7. Enfeebled Inhibition - Alcoholic Charm. - Certain individuals drink merely because alcohol has a "charm" for them. These unfortunate victims of hereditary enfeeblement of inhibition resort to repeated alcoholic intoxication because they are conscious of the urge to experience those reaction effects or that dulling of the consciousness of living which alcohol affords. Alcoholic intoxication has become a part of their life experience.

8. Flight from Reality. - Many alcoholics, together with other neurotic individuals, are in flight from reality; they want to escape something unpleasant or to secure unearned sympathy or undeserved attention.

9. Demented Drinkers. - There is a group of demented patients who drink because they are psychotic. Alcoholism is an expression of their insanity, and in no discoverable manner does it figure as a cause. This is illustrated in the early cases of paresis and in mild manic depressives. The psychoses is at the bottom of the drinking, though alcoholic symptoms may, for a considerable time, befog the picture and cloud the clinical manifestations of the underlying psychotic disorder, in feeble-mindedness, but in the psychoses, particularly the dementia praecox group. It thus becomes very difficult at times

to determine whether the disorders of these patients are alcoholic in origin or psychotic in nature.

10. Alcoholic Psychotics. - There are also a number of purely alcoholic psychoses, mental deteriorations which are dependent primarily on the habitual use of alcohol. These are the acute states of intoxication, pathologic alcoholism, delirium tremens, alcoholic hallucinosis, and korsakow's psychosis.

Generally speaking there are two main types of drinkers, the social drinker who is able to control his desire for alcohol so that its use is restricted to socially acceptable situations, and the alcoholic who is handled by the alcohol, and his drinking is not a part of a social situation but a substitute for it.

There are numerous reasons or causes why people become alcoholics but there are two chief causes or areas. These are social factors and psychiatric factors. They seem to indicate that alcoholism is a symptom and not a disease in itself. In regard to the social factors, our culture today is a traumatizing one. Insecurity and inequality are seen everywhere and opportunities for success are not presented at every turn. In our schools and elsewhere, ambition is created and encouraged but it is not easily satisfied. Economic conditions resulting in slums, unemployment, labor strife, and family disorganization, plus a war, have all added to the toll of frustration bitterness and failure found in the American people today. Success, in this country,

is measured by the money standard, but many are doomed to failure regardless of their accomplishments or ability. As a result of these constant frustrations and their inability to do anything about them, there is an increasing tendency to resort to alcohol in order to do away temporarily at least, with these feelings of failure, inadequacy, and inferiority. Most people facing such situations and problems do not turn to alcohol, because they are mature and well balanced individuals, those who do turn to alcohol are usually immature and have unstable personalities.

The other contributory factors toward becoming an alcoholic are psychiatric ones. Such situations as unsatisfactory sex life, feelings of inferiority, marital and business troubles, homosexual drives, very often lead to heavy and consistent drinking. These are the psychotics, neurotics and psychopathics who are mentally ill, unstable, and unable to cope with the problems facing them.⁶

In other words, the social and psychiatric factors are the underlying causes of people becoming alcoholics. It may be a single factor or combination of several of these factors, but it all adds up to the fact that these people are unable to face reality and use alcohol as a means of avoiding reality.

⁶ The Editors, "Alcoholism", Alcohol Hygiene, March-April, 1946, pages 9 - 10.

Alcoholics as a whole are very unhappy people, and to add to their unhappiness is the eventual breaking down of their social relationships, and their physical and mental health.

Socially, they are usually outcasts. People avoid them because "drunks" are usually annoying and are forever borrowing money to buy more drink. Usually they cannot hold a job because of their drunkenness, and if they have the responsibility of a family, the alcoholics are unable to support these dependents. With their friends and family avoiding them, the alcoholics find their only comfort and "friend" is their "bottle."

Physically, the alcoholic is constantly on the down grade, until after drinking approximately a pint of alcohol per day for about fifteen years, he begins, according to Herbert Yahraes,⁷ show definite signs of physical disease. His general health is poor, his muscles flabby, his liver fat, and his blood poor.⁸ According to Yahraes who uses "Alcohol Explored" by Jellinneke and Haggard as his source of authority, the diseases found among alcoholics are (1) Polyneurapthy which is an abnormality of many nerves. It is found in about twenty per cent of the alcoholics that find their way to hospitals. Theycomplain of their feet burning and pains in

⁷ Herbert Yahraes, Alcoholism is a Sickness, page 10.

⁸ Ibid, page 10.

their legs. The symptoms are similar to those in "dry beri-beri." Eventually these victims become paralyzed in their legs and arms. It can be cured by an addition of Vitamin B, to the diet.

Another disease common to these alcoholics is called "Beer Heart," because at one time it was believed that heavy drinkers of beer developed this condition. It is marked by an enlargement of the heart and sometimes by a swelling of the legs. It is now realized by doctors that this is an other case of dietary deficiency. It is treated by the injection of large doses of Vitamin B.

Pellagra is found in another ten percent of the alcoholics. Its symptoms are a spotty reddening of the skin, digestive and sometimes mental disturbances. It is cured by a diet of niacin.

Cirrhosis is a commonly recognized disease of alcoholism. It is a shrinking and hardening of the liver. It occurs in about eight per cent of the chronic alcoholics.

The physical illnesses and diseases resulting from alcoholism are insignificant when compared with the mental illnesses of which alcoholism is either a symptom or a direct cause. In many cases of mental illnesses, such as general paralysis, manic-depressive psychoses, and schizophrenia, alcoholism is merely a symptom that tends to cloud the real psychoses. There are, however, certain types of mental

disturbances that can be said to be a direct result of alcoholism. The three main clinical types of alcoholic psychoses are (1) delirium tremens, (2) Korsakow's psychosis, and (3) chronic alcoholism.

The first of these, delirium tremens, is commonly known as "seeing snakes," and is found only among excessive drinkers. They constitute about thirty-seven per cent of the cases of alcoholic psychosis. Most of them have been in good health and drinking for years. The victim trembles all over and sees things, usually animals or insects. According to Henderson and Gillespie⁹

The condition is rare before thirty years of age. It usually arises after a debauch, but may occur in a chronic alcoholic as a result of intercurrent disease or injury. The immediate withdrawal of alcohol from a chronic addict may lead to a delirium. This the so-called "abstinence" delirium. The chief prodromal symptoms are great restlessness, sleeplessness and fear, and profuse perspiration. If he does sleep he has vivid nightmares, and wakes up repeatedly in terror. Unless one can induce sleep at this stage, it rapidly passes into a typical delirium, during which hallucinations, visual, haptic and auditory, make their appearance. The visual hallucinations are the most common, and are of snakes and rats. Haptic hallucinations are usually of animals crawling over the skin.

Physically, there is a generalized tremor, coarse in type, and affecting chiefly the fingers, facial muscles and tongue. The temperature is usually slightly raised, the pulse is quick and the patient perspires freely. The usual duration is from three to six days.

9. Henderson and Gillespie, A Text-Book of Psychiatry, page 424.

In regard to Korsakow's Psychosis, Henderson and Gillespie¹⁰ say that it consists in the inability to remember recent events and being disorientated for time, place and person. These victims suffer from both visual and auditory hallucinations. They have no insight.

Chronic alcoholism develops in a wide variety of persons. In some it develops because of the ever present opportunity to drink, and in others as a reaction to some difficulty. Henderson and Gillespie describe the chronic alcoholic as follows:¹¹

By the chronic alcoholic we mean to designate the habitual drinker in whom there develops insidiously a change in intellect and character. He is often able to carry on his ordinary work sufficiently well to make a fair appearance to the casual observer; but he never reaches a high pitch of energy or efficiency, and his history is one of gradual deterioration, moral and intellectual. To his companions he is usually pleasant, sociable and sympathetic. At home he is irritable and careless of his family's welfare. He is untruthful and cunning. There is no insight of any kind.

The information in the above table shows that fifty-five per cent of the patients studied were diagnosed

as having one of the three main clinical types of alcoholic

10. Ibid, page 426.

11. Ibid, page 427. to indicate that the excessive

Table II shows the diagnoses found in the forty-six patients studied.

TABLE II
DIAGNOSES FOUND IN CASES STUDIED

| Diagnoses | Number | Per Cent |
|--|--------|----------|
| Alcoholic Psychosis; other types | 7 | 15% |
| Without Psychosis; chronic alcoholism | 9 | 20% |
| Alcoholic Psychosis; acute hallucinosis | 7 | 15% |
| Alcoholic Psychosis; delirium tremens | 10 | 22% |
| Without Psychosis; psychopathic personality chronic alcoholic | 2 | 4% |
| Alcoholic Psychosis; Korsakow's psychosis | 3 | 7% |
| Psychoneurosis; mixed type, chronic alcoholism | 2 | 4% |
| Acute Alcoholism | 1 | 2% |
| Psychosis Due to Alcohol and Drugs | 1 | 2% |
| Psychoneurosis; anxiety state, acute alcoholism | 2 | 4% |
| Unknown | 2 | 4% |
| TOTAL | 46 | 99% |

The information in the above tables shows that fifty-five per cent of the patients studied were diagnosed as having one of the three main clinical types of alcoholic psychoses. This fact seems to indicate that the excessive

drinking of the remaining forty-five per cent was merely a symptom of an already existing mental illness.

There is no set treatment for alcoholism. It depends on the alcoholic himself, and on the physician's methods and beliefs. Although methods may vary, there are two requirements common to call, (1) that the alcoholic must want to recover, and (2) that the alcoholic believes he can recover. Seliger¹² believes that the treatment should begin with the immediate withdrawal of alcohol. The patient must be made to realize that he can never be a social drinker again. As far as he is concerned, alcohol is out. He must be given to understand that because he failed before, it does not follow that his is a hopeless case. During the interviews with the patient, underlying causes of his drinking may be discovered and aid should be given in helping patient to make the necessary adjustments. When it is not possible to modify the situation, it is often possible to change the patient's attitude toward the difficulties he has to meet.

Recreational programs must be devised for him and those who are close to him, such as his wife, should be helped in understanding and in aiding him. He should be treated by all with sympathy, kindness and with understanding of his problem. Such an approach eliminates ideas of punish-

¹² Robert V. Seliger, M.D., "The Problem of Chronic and Its Treatment," Alcohol Hygiene, January-February, 1946, pages 24 - 27.

ment, fears of failure and attitudes of inferiority. Instead it gives him a feeling of confidence and assurance that he can overcome his alcoholism.

The kind of treatment depends largely on the person's personality and to some extent on how well off he is. For example, the doctor may decide that the patient will respond best to fellowship, and ~~may~~ refer him to Alcoholics Anonymous. This organization is made up of former alcoholics who probably understand the problems of alcoholics better than anyone else. They know how he feels before a spree, the kind of excuses he makes for himself and his resentment for people who try to help him. They have confidence in him and do not scold him if he should happen to make an occasional slip. All they ask is that he help others once he is cured.

In the cases of those that scoff at such methods, the physician may advise the aversion or conditioned-reflex treatment. This requires the patient to enter a sanitarium for a week or two. He is given a medicine that induces vomiting- then handed a drink. This procedure is followed several times until he associates vomiting with taking a drink.

If neither of these plans work, the physician may advise treatment by a psychiatrist who is interested in alcoholism. Such a treatment aims at getting the patient to understand that his real problem is not alcohol but something for which he is using alcohol as a remedy. He must come to

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recognize what his problem is and learn how to deal with it. To most patients, the private psychiatrist is too expensive but fortunately psychiatric clinics are being made available more and more to the general public in almost all our large cities and towns.

Perhaps the best way to deal with alcoholism is to prevent it. Many methods of prevention have been proposed by various groups. One group proposed that people just decide not to drink, while another proposed taking the drink away from people. According to Yahraes¹³ one of the outstanding proposals was made by a group of teachers and doctors and ministers who advocated a society in which the individual would be better fed and housed, would have better medical care, and facilities for mental hygiene, fewer money worries, and good recreational facilities. All such ideas are well meant but in too many cases are impractical.

According to Dr. Wall¹⁴ alcoholism is an individual problem, a symptom and a result of a personality disorder. He believes that much of the trouble that finally ends in alcoholism, has its foundation in the training given the child in his home and school. He believes the home should make the standards for the child, by showing him how to live. Good example by the parents is of utmost importance. He

¹³ Yahraes, op. cit., page 29.

¹⁴ James H. Wall, M.D., "The Prevention of Alcoholism," Alcohol Hygiene, pages 69-61, Vol. one, Spring-Summer, 1945.

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1A Yahrres, op. cit. page 22.
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Alcohol Magazine, pages 69-81, Vol. One, Spring-Summer, 1945.

also advocates that school try to understand the child a little better and not create obstacles that cause frustrations. The worries and frustrations of childhood are often carried into adulthood in various forms that eventually lead to alcoholism.

In this chapter, it is the writer's intention to present an over-all picture of the social and economic factors found in the study of forty-six cases of chronic alcoholism. The social and economic factors of their post-discharge adjustment are to be covered also.

Alcoholism, like any other nervous or mental problem, must be prevented at its sources. These sources often reach back into childhood, and, in general, have to do with defective early training and environment, resulting in emotional immaturity. Concerning this subject Dr. Allen has this to say:

The parents should strive to effect an emotional stability that will help their children in future social relationships. Children should be guided and instructed in earlier years by their parents. . . . Parents can accomplish more by the force of their example than by what they may say. . . . It is not so much a question of advising children to drink or to refrain as it is question of showing them the parental example of moderation in all things.

15 Edward B. Allen, M.D., "The Prevention of Alcoholism", Alcohol Hygiene, page 32, Vol. I, Spring-Summer, 1945.

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CHAPTER IV

PRESENTATION OF SOCIAL AND ECONOMIC FACTORS

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Table III shows the extent to which alcoholism was found in the parents of the patients studied.

TABLE III

ALCOHOLISM FOUND IN PATIENTS' PARENTS

| PARENT | NUMBER | PER CENT |
|---------|----------|-------------|
| Father | 8 | 17.4 |
| Mother | 0 | 0.0 |
| Both | 1 | 2.1 |
| Neither | 28 | 60.9 |
| Unknown | <u>9</u> | <u>19.6</u> |
| TOTALS | 46 | 100.0 |

Tables III and IV show the extent to which alcoholism and mental illness were found in the parents of the patients studied.

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| TOTALS | 46 | 100.0 |

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Table IV shows the extent to which mental illness was found among the parents of the patients studied.

TABLE IV

MENTAL ILLNESS IN PARENTS

| PARENTS | NUMBER | PER CENT |
|---------|-----------|-------------|
| Father | 1 | 2.1 |
| Mother | 1 | 2.1 |
| Both | 0 | 0.0 |
| Neither | 30 | 65.2 |
| Unknown | <u>14</u> | <u>30.4</u> |
| TOTALS | 46 | 99.8 |

Neither the alcoholism of the parents or the mental illness of the parents seemed to have been a large factor in the cases studied.

The importance of good example on the part of the parents as a part of the child's training cannot be overstressed but neither can the importance of the attitudes and relationships of the parents with the child. Concerning this, Moore¹⁶ said:

It cannot be repeated too often that the origin of alcoholism in most cases lies far behind the adult and begins long before adolescence. The things that build up what psychologists call "a feminine identification" or a defeat pattern in a man, tend to lead one to the alcoholic pattern. Those things are parental dictatorship, or pampering by the parents, and failure in a boy to establish a good relationship with his father or other men.

| TYPE OF PARENTS | PER CENT |
|-----------------------|----------|
| Over-protective | 17.4 |
| Pampered | 26.1 |
| Both | 8.7 |
| Well adjusted Parents | 19.6 |
| Strict Parents | 13.0 |
| Unknown | 15.2 |
| TOTALS | 100.0 |

The figures in the above table seem to indicate that the patients studied are immature, unstable and who will probably find it difficult to adjust in our present day culture. The accepted conclusions drawn from various alcoholism studies indicate that over-protective mothers very often produce children that are immature and unable to stand on their own two feet. In cases where there is no father figure

¹⁶ Merrill Moore, "Toward a Better Understanding of Alcoholism", Alcohol Hygiene, January-February, 1946, page 8.

Table V shows the type parents had by the patients studied.

TABLE V

TYPES OF PARENTS

| TYPES | NUMBER | PER CENT |
|------------------------------|----------|-------------|
| Over-protective mother | 8 | 17.4 |
| Poor father figure (or none) | 12 | 26.1 |
| Both | 4 | 8.7 |
| Well Adjusted Parents | 9 | 19.6 |
| Strict Parents | 6 | 13.0 |
| Unknown | <u>7</u> | <u>15.2</u> |
| TOTALS | 46 | 100.0 |

The figures in the above table seem to indicate that the patients studied are immature, unstable and who will probably find it difficult to adjust in our present day culture. The accepted conclusions drawn from various alcoholic studies indicate that over-protective mothers very often produce children that are immature and unable to stand on their own two feet. In cases where there is no father figure or a poor one, the child gets an incomplete training, and homo-sexuality is a possible outgrowth. Strict parents may

produce enhibited, maladjusted children that turn to alcoholism when they are unable to solve their problems.

studied.

TABLE VI

INTELLIGENCE OF PATIENTS STUDIED

| INTELLIGENCE | NUMBER | PCT. CENT |
|---------------|----------|-------------|
| Genius | 0 | 0.0 |
| Very Superior | 3 | 6.5 |
| Superior | 7 | 15.2 |
| Average | 24 | 52.2 |
| Dull | 3 | 6.5 |
| Borderline | 3 | 6.5 |
| Unknown | <u>6</u> | <u>13.0</u> |
| TOTALS | 46 | 99.9 |

These figures in Table VI show nothing unusual except that alcoholism has no respect for the intelligence of an individual, and that over fifty per cent of the patients studied, had average intelligence.

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ism when they are unable to solve their problems.

INTELLIGENCE, EDUCATION AND OCCUPATIONS

Table VI shows the intelligence of the patients studied.

TABLE VI

INTELLIGENCE OF PATIENTS STUDIED

| INTELLIGENCE | NUMBER | PER CENT |
|---------------|----------|-------------|
| Genius | 0 | 0.0 |
| Very Superior | 3 | 6.5 |
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| Unknown | <u>6</u> | <u>13.0</u> |
| TOTALS | 46 | 99.9 |

These figures in Table VI show nothing unusual except that alcoholism has no respect for the intelligence of an individual, and that over fifty per cent of the patients studied, had average intelligence.

It would seem that these patients were sufficiently equipped intellectually, to do a much better job in school. This may be an early sign or indication of a lack of perseverance or immaturity in handling the duties and obligations of school.

work. Table VII shows the educational accomplishment of the patients studied.

TABLE VII

EDUCATION OF PATIENTS STUDIED

| GRADE | NUMBER | PER CENT |
|----------|----------|------------|
| 0 - 4 | 3 | 6.5 |
| 5 - 8 | 20 | 43.3 |
| 9 - 10 | 13 | 28.2 |
| 11 - 12 | 5 | 10.9 |
| College | 3 | 6.5 |
| Graduate | 1 | 2.2 |
| Unknown | <u>1</u> | <u>2.2</u> |
| TOTALS | 46 | 99.8 |

The significance of this table seems to lie in the fact that over seventy per cent of the patients left school completely between the fifth and tenth grades. A large percentage of the patients had average intelligence, and since others have progressed into college with average intelligence, it would seem that these patients were sufficiently equipped intellectually, to do a much better job in school. This may be an early sign or indication of a lack of perseverance or immaturity in handling the duties and obligations of school

work. Instead of facing the problems, they left school.

In order to classify the occupations found in the cases studied, the writer used the Goodenough Classification scale¹⁶ which places the various jobs in the following groups:

Group I - Professional.

Group II- Semi-professional and managerial.

Group III- Clerical skilled trades and retail business.

Group IV- Farmers.

Group V - Semi-skilled occupations,
minor clerical positions
and minor businesses.

Group VI- Slightly skilled trades and
other occupations
requiring little training
or ability.

Group VII- Day laborers (urban and rural).

Unknown

TOTALS

¹⁶ Lewis M. Terman and Maud A. Merrill, Measuring Intelligence, page 14.

Table VIII shows the types of work performed by the patients studied.

TABLE VIII

OCCUPATIONS OF PATIENTS STUDIED

| GROUPS | NUMBER | PER CENT |
|---------|----------|------------|
| I | 1 | 2.2 |
| II | 3 | 6.5 |
| III | 8 | 17.4 |
| IV | 1 | 2.2 |
| V | 6 | 13.0 |
| VI | 16 | 34.8 |
| VII | 10 | 21.7 |
| Unknown | <u>1</u> | <u>2.2</u> |
| TOTALS | 46 | 100.0 |

may have been a contributing factor to the excessive drinking of these patients.

Table IX shows the unsteadiness of these patients. A large percentage (sixty-five per cent) of them moved from job to job, and never seemed able to settle down and accomplish anything in any particular field. A few of this number had reasonably good jobs or trades but would not or could not work steadily because of their excessive drinking.

Table IX shows the types of workers found in the cases studied.

TABLE IX

TYPES OF WORKERS

| TYPES | NUMBER | PER CENT |
|----------------|-----------|-------------|
| Steady workers | 16 | 34.8 |
| Part-time | 10 | 21.7 |
| Drifters | <u>20</u> | <u>43.3</u> |
| TOTALS | 46 | 99.8 |

Table VIII indicates that more than fifty per cent of the patients studied worked at jobs requiring little or no skill. Since such jobs provide little or no financial security it seems reasonable to suppose that this feeling of insecurity may have been a contributing factor to the excessive drinking of these patients.

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Table X shows the marital status of the patients studied and Table XI shows the marital adjustment of these patients, while Table XII shows the sexual tendencies of these same patients.

TABLE X

MARITAL STATUS OF PATIENTS

| STATUS | NUMBER | PER CENT |
|-----------|----------|------------|
| Married | 24 | 52.2 |
| Single | 13 | 28.2 |
| Divorced | 5 | 10.9 |
| Separated | 2 | 4.3 |
| Widowed | <u>2</u> | <u>4.3</u> |
| TOTALS | 46 | 99.9 |

| | | |
|--------------------------------------|----------|------------|
| Hetero-Sexual | 32 | 69.4 |
| Homo-Sexual | 5 | 10.9 |
| Hetero-Sexual and Masturbation | 5 | 10.9 |
| Unknown | <u>3</u> | <u>6.5</u> |
| TOTALS | 46 | 99.9 |

TABLE XI

MARITAL ADJUSTMENTS OF PATIENTS

| ADJUSTMENTS | NUMBER | PER CENT |
|-------------|----------|------------|
| Good | 8 | 24.2 |
| Fair | 3 | 9.1 |
| Poor | 21 | 63.6 |
| Unknown | <u>1</u> | <u>3.0</u> |
| TOTALS | 33 | 99.9 |

TABLE XII

SEXUAL TENDENCIES OF PATIENTS STUDIED

| SEX TENDENCIES | NUMBER | PER CENT |
|--------------------------------------|----------|------------|
| Hetero-Sexual | 32 | 30.4 |
| Homo-Sexual | 6 | 13.0 |
| Hetero-Sexual and Masturbation | 5 | 10.9 |
| Unknown | <u>3</u> | <u>6.5</u> |
| TOTALS | 46 | 60.8 |

There does not seem to be any outstanding factor in the marital status of the patients studied, but the marital adjustments of these patients have been extremely poor. This data seems to bear out the belief that alcoholics are emotionally unstable people and unable to carry on the duties and obligations expected of them in adult life.

The figures in Table XII show that the majority of the patients adjusted well in their sexual life, although thirteen per cent admitted tendencies toward homosexuality. The alcoholism in this latter group may be related to the conflict over abnormal sexual tendencies. Altogether, about twenty-three per cent have made poor sex adjustments.

| | | |
|---------------|----|-------|
| 20 - 24 | 16 | 34.8 |
| 25 - 29 | 6 | 13.0 |
| 30 - 34 | 3 | 6.5 |
| 35 - and over | 4 | 8.7 |
| Unknown | 7 | 15.2 |
| TOTALS | 46 | 100.0 |

Table XIII shows the ages of patients when they began to drink.

Table XIV shows the length of time spent in excessive drinking.

| TABLE XIII | | |
|--------------------------------------|----------|-------------|
| AGES OF PATIENTS WHEN DRINKING BEGAN | | |
| AGES | NUMBER | PER CENT |
| 10 - 14 | 1 | 2.2 |
| 15 - 19 | 9 | 19.6 |
| 20 - 24 | 16 | 34.8 |
| 25 - 29 | 6 | 13.0 |
| 30 - 34 | 3 | 6.5 |
| 35 - and over | 4 | 8.7 |
| Unknown | <u>7</u> | <u>15.2</u> |
| TOTALS | 46 | 100.0 |

The figures in Table XIII indicates nothing out of the ordinary except that a majority of the patients studied began drinking between the ages of fifteen and twenty-four.

Table XIV shows that a large majority drank excessively for one to twelve years before being hospitalized.

TABLE XIV

LENGTH OF EXCESSIVE DRINKING

| YEARS | NUMBER | PER CENT |
|--------------|----------|-------------|
| 1 - 3 | 10 | 21.7 |
| 4 - 6 | 7 | 15.2 |
| 7 - 9 | 4 | 8.7 |
| 10 - 12 | 9 | 19.6 |
| 13 - 15 | 1 | 2.2 |
| 16 - 18 | 2 | 4.3 |
| 19 - 21 | 2 | 4.3 |
| 22 - 24 | 0 | 0.0 |
| 25 - 27 | 1 | 2.2 |
| 28 - or more | 3 | 6.5 |
| Unknown | <u>7</u> | <u>15.2</u> |
| TOTALS | 46 | 99.9 |

The figures in Table XIII indicates nothing out of the ordinary except that a majority of the patients studied began drinking between the ages of fifteen and twenty-four. Table XIV shows that a large majority drank excessively for one to twelve years before being hospitalized. The significance of these figures lies in the possibility that it took

Table XV shows the ages of the patients at the time they were admitted to the hospital.

TABLE XV

AGES AT HOSPITAL ADMISSION

| AGES | NUMBER | PER CENT |
|---------|----------|------------|
| 20 - 24 | 1 | 2.2 |
| 25 - 29 | 3 | 6.5 |
| 30 - 34 | 8 | 17.4 |
| 35 - 39 | 7 | 15.2 |
| 40 - 44 | 8 | 17.4 |
| 45 - 49 | 7 | 15.2 |
| 50 - 54 | 5 | 10.9 |
| 55 - 59 | 3 | 6.5 |
| 60 - 64 | 2 | 4.3 |
| 65 - 69 | <u>2</u> | <u>4.3</u> |
| TOTALS | 46 | 99.9 |

There is nothing outstanding in the figures of Table XV except that the percentage of patients admitted to the hospital between the ages of twenty-five and forty-nine, is very similar to the percentage of patients that began drinking between the ages of fifteen and twenty-four. The significance of these figures lies in the possibility that it took

twenty-five years of drinking, in various degrees, before the patients that started drinking between the ages of fifteen and twenty-four, entered the hospital.

shows their post-discharge arrests for intoxication.

TABLE XVI

POST-DISCHARGE OCCUPATIONS

| OCCUPATIONS | NUMBER | PER CENT |
|-------------|--------|----------|
| Old Job | 4 | 26.7 |
| New Job | 7 | 46.7 |
| Pensioned | 2 | 13.3 |
| Unemployed | 2 | 13.3 |
| TOTAL | 15 | 100.0 |

TABLE XVII

POST-DISCHARGE DRINKING HABITS

| AMOUNT | NUMBER | PER CENT |
|------------------|--------|----------|
| Abstinence | 6 | 33.3 |
| Occasional Drink | 2 | 13.3 |
| Excessively | 8 | 53.3 |
| TOTAL | 15 | 99.9 |

Table XVI shows the post-discharge occupations of the patients studied; table XVII shows their post-discharge drinking habits and table XVIII shows their post-discharge arrests for intoxication.

TABLE XVI

POST-DISCHARGE OCCUPATIONS

| OCCUPATIONS | NUMBER | PER CENT |
|-------------|----------|-------------|
| Old Job | 4 | 26.7 |
| New Job | 7 | 46.7 |
| Pensioned | 2 | 13.3 |
| Unemployed | <u>2</u> | <u>13.3</u> |
| TOTALS | 15 | 100.0 |

TABLE XVII

POST-DISCHARGE DRINKING HABITS

| AMOUNT | NUMBER | PER CENT |
|------------------|----------|-------------|
| Abstinence | 5 | 33.3 |
| Occasional Drink | 2 | 13.3 |
| Excessively | <u>8</u> | <u>53.3</u> |
| TOTALS | 15 | 99.9 |

TABLE XVIII

POST-DISCHARGE ARRESTS FOR INTOXICATION

| ARRESTS | NUMBERS | PER CENT |
|---------|----------|-------------|
| None | 20 | 52.6 |
| 1 - 3 | 11 | 28.9 |
| 7 - 9 | 2 | 5.3 |
| Dead | <u>5</u> | <u>13.2</u> |
| TOTALS | 38 | 100.0 |

Table XVI indicates nothing of great importance in the lives of these patients except that nearly one-half of them had to find new jobs after their release from the hospital.

Table XVII shows quite conclusively that these patients did not profit by the experience of being mentally ill and being treated in a mental hospital. It probably also indicates that the underlying causes of their alcoholism are still present, and nothing has been done to overcome these hidden obstacles.

Since it was possible to contact only fifteen discharged cases, Table XVIII gives a fair indication of how well these patients have adjusted in regard to their drinking. Since it is known that five cases have abstained from alcohol as shown in Table XVII, judging from Table XVIII, it might be

TABLE XVIII POST-DISCHARGE ARRESTS FOR INTOXICATION

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|---------|---------|----------|
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| 1 - 3 | 11 | 28.9 |
| 4 - 9 | 2 | 5.3 |
| Dead | 2 | 5.3 |
| TOTALS | 35 | 100.0 |

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Since it was possible to contact only fifteen discharged cases, Table XVIII gives a fair indication of how well these patients have adjusted in regard to their drinking. Since it is known that five cases have abstained from alcohol as shown in Table XVII, judging from Table XVIII, it might be

presumed that fifteen other patients also abstained from further drinking. Three others returned to drinking in some degree. The results as indicated in the figures of Tables XVII and XVIII are in line with conclusions that are generally known and accepted in regard to the post-discharge adjustment of alcoholics.

SUMMARY:

The study of forty-six chronic alcoholic patients revealed that their early home environment and training left much to be desired. For the most part, the mothers were over-protective or exceptionally rigid in their discipline, and the fathers were either alcoholic or represented poor father figures. As a result, the patients turned to their mothers and acquired many feminine traits, and due to her over-protectiveness, the patients never learned to take the "bumps" of life.

Intellectually, the majority were average. Educationally, they left school on the average somewhere between the fifth and the tenth grade.

The occupations of these patients ranged from the professional group down to day-laborers. As workers they were poor and inconsistent. The majority seemingly could not hold a job or would not work consistently at any job or trade. The usual pattern was to drift from job to job.

For the most part, these patients were married but

the marital adjustment of this group has been extremely poor. The emotional immaturity and inability to cope with the problems of adult life seemed to be the underlying cause.

Sexually, the group adjusted reasonably well, although thirteen per cent admitted some homo-sexual tendencies. Another ten and nine-tenths per cents admitted some variation from the normal hetero-sexual practices.

The drinking histories of the patients did not present any unusual patterns. The majority started drinking between the ages of fifteen and twenty-four, and the length of their excessive drinking extended over a period of one to twelve years. The majority of the patients entered the hospital, as a result of their drinking, between the ages of thirty and forty-nine.

The post-discharge records of the patients contacted, showed that the majority had found new jobs rather than returning to old jobs, or they were unemployed. Regarding alcoholism the majority had returned to alcoholism excessively or at least to some degree. The Board of Probation records showed that of the thirty-eight living patients that were discharged, fifty-two and six-tenths per cent had not been arrested for intoxication since their release from the hospital.

In general, the available figures seem to indicate that the post-discharge adjustments of these patients have not been very good. After good adjustments in the hospital they were released to the community and they found themselves con-

fronted with the same old problems and conditions that existed before their hospitalization. In too many cases the result was a return to drinking.

The following are fifteen of the forty-six cases in which the writer was able to ascertain the social and economic adjustment of the patients who were discharged or placed on indefinite visit. They are arranged in the order of five good, three fair and seven poor adjustments. In determining whether an adjustment was good, fair or poor, the following criteria, considered by the hospital as adequate, were used:

GOOD ADJUSTMENT:- is one where the patient has abstained from all drinking, is working steadily if physically able to do so, and is adjusting well with family and friends, and in the community.

FAIR ADJUSTMENT:- is when the patient has returned to drinking, works steadily or even part time, and is adjusting well at home and in the community.

POOR ADJUSTMENT:- patient has returned to excessive drinking, has been arrested for drunkenness, is working not at all or only occasionally, and has made a poor home and community adjustment.

Each case presented contains a brief resumé of the circumstances leading to the patient's hospitalization, and as complete a history of the man's life as available data permitted. There is also a paragraph on his adjustment, and

CHAPTER V

CASE PRESENTATIONS

The following are fifteen of the forty-six cases in which the writer was able to ascertain the social and economic adjustment of the patients who were discharged or placed on indefinite visit. They are arranged in the order of five good, three fair and seven poor adjustments. In determining whether an adjustment was good, fair or poor, the following criteria, considered by the hospital as adequate, were used:

GOOD ADJUSTMENT:- is one where the patient has abstained from all drinking, is working steadily if physically able to do so, and is adjusting well with family and friends, and in the community.

FAIR ADJUSTMENT:- is when the patient has returned to drinking, works steadily or even part time, and is adjusting well at home and in the community.

POOR ADJUSTMENT:- patient has returned to excessive drinking, has been arrested for drunkenness, is working not at all or only occasionally, and has made a poor home and community adjustment.

Each case presented contains a brief resumé of the circumstances leading to the patient's hospitalization, and as complete a history of the man's life as available data permitted. There is also a paragraph on his adjustment, and

a summary, including possible motives for the individual's alcoholism. Each of the three adjustment groups is summerized into the factors that seemed to have contributed to that type of adjustment.

GOOD ADJUSTMENTS

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

51.

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BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

Case 1. H.H.H.

Patient was admitted to the hospital in a confused state, was poorly oriented, and untidy in appearance. He had been drinking to excess for several years, and during the past several weeks he had stopped working, became excited easily, at times he was depressed, and occasionally he had threatened his mother and sister. At the hospital he was diagnosed - Without Psychosis; Alcoholism.

Patient's parents history is negative in regards to alcoholism and mental illness.

Between the ages of ten and fourteen years, he had occasional temper tantrums and these were handled by taking his clothes away from him. His mother was over protective.

Patient was described as a genial, loving, charming person, but had no friends and could not cultivate them because they all drank and would lead him to it. He had little or no courage and depended on his mother for many things. He belonged to no clubs and had no hobbies, but was not exclusive. He liked to talk and was interested in horse racing money, Soviet an

GOOD ADJUSTMENTS

He was of average intelligence and completed the seventh grade at school. He started school when he was five but was not a very good student, having repeated the seventh grade three times before finally passing it. At fifteen he left school and went to work for his father. Two days after he went to work, his father became ill and patient carried on the business (drumming radiators.) His father said so poorly that he left to work for a wholesale meat dealer. He stayed here one year and then went on the road selling flavoring extracts, and this lasted one year. His next job was with a candy company but was "fired" because he disregarded orders. He then returned to his original work, was financed by his father and was very successful working with sprinklers and radiators. He was drafted into the Army, and when he returned he worked as a painter for a biscuit company; earning as much as one hundred dollars per week. During the four months prior to his illness he lived on the twenty dollars per week received as Veterans' Unemployment Compensation.

His first interest in the opposite sex was in the case of a young girl about thirteen years old. Later he impregnated a girl but the baby died and the charges against him were dropped. Finally he married his wife and they had two children but it was a stormy marital history. On one occasion he allowed himself to be cheated of one-half his salary, got drunk, and his wife became disgusted with him. Many arguments followed and his wife finally obtained a divorce. Patient went to live with another woman for six years but later remarried his wife. Shortly after this he was drafted and when he returned, business in his trade was poor. He arrived home

Case 1. N.R.H.

Patient was admitted to the hospital in a confused state, was poorly oriented, and untidy in appearance. He had been drinking to excess for several years, and during the past several weeks he had stopped working, became excited easily, at times he was depressed, and occasionally he had threatened his mother and sister. At the hospital he was diagnosed - Without Psychosis; Alcoholism.

Patient's parents history is negative in regards to alcoholism and mental illness.

Between the ages of ten and fourteen years, he had occasional temper tantrums and these were handled by taking his clothes away from him. His mother was over protective.

Patient was described as a genial, loving, charming person, but had no friends and could not cultivate them because they all drank and would lead him to it. He had little or no courage and depended on his mother for many things. He belonged to no clubs and had no hobbies, but was not seclusive. He liked to talk to people. He was interested in horse racing, money, movies and the radio.

He was of average intelligence and completed the seventh grade at school. He started school when he was five but was not a very good student, having repeated the seventh grade three times before finally passing it. At fifteen he left school and went to work for his father. Two days after he went to work, his father became ill and patient carried on the business (bronzing radiators.) His father paid so poorly that he left to work for a wholesale meat dealer. He stayed here one year and then went on the road selling flavoring extracts, and this lasted one year. His next job was with a candy company but was "fired" because he disregarded orders. He then returned to his original work, was financed by his father and was very successful working with sprinklers and radiators. He was drafted into the Army, and when he returned he worked as a painter for a biscuit company, earning as much as one hundred dollars per week. During the four months prior to his illness he lived on the twenty dollars per week received as Veterans' Unemployment Compensation.

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one night in a condition that indicated he had been fighting. His wife left him and he has not heard from her or the children since.

Patient started drinking when he was twenty-five years old. He was a solitary drinker and drank anything. About ten years before his admission to the hospital, he began to drink heavily and would go on periodic sprees lasting about ten days. Sometimes he would stay sober for six months to two years. He never had the horrors or paralysis. It was always some stress that started off a spree, and for the past two years he has been unpredictable in so far as his debauches have been concerned. He considered himself a failure when he drank and was ashamed of himself. Just before his hospitalization he drank two hundred and twenty dollars worth of wine. This was his first commitment to a mental hospital, and he made a good adjustment. After twenty-six days he was discharged.

Since his discharge from the hospital, patient has not joined any organizations and does not attend church. He is very sociable and friendly with everyone but cannot make friends because he is afraid they will lead him to drinking again. He gets along very well at home with his mother but has not seen his wife and family. He is in business for himself, enjoys the work, and is doing very well. His mother claims he has done no drinking and the Court record bears this out. He has had no psychiatric treatment. Up to this point he has made a good adjustment but the prognosis is only fair.

This forty-six year old man was unfortunate enough to be born into a financially poor family, and to have an over protective mother who so ill prepared her son for life that he was unable to cope with the problems of adult life.

After leaving school he worked at several jobs and finally started in business for himself, and did quite well until he was drafted into the Army. One of his big problems was to handle money, and another was his inability to be forceful enough in his business dealings. His marital life was a failure because when he failed in his business life, his only solution was to turn to drink. His wife finally

left him. The general pattern, throughout his life, was to turn to drink whenever a problem confronted him. At present he is back with his mother and is doing well because he has her guiding hand.

Case 2. - E.J.M.

Patient E.J.M. was brought to the hospital by the police at the request of two doctors who had examined him. About a month prior to his hospitalization he began taking some "bad smelling" medicine prescribed by a doctor, plus alcohol. His mental condition became steadily worse. He wanted to see a doctor, would jump out of bed suddenly and say that some one was coming after him. Finally, on one of these episodes he fell to the floor, became black in the face, had convulsions and foamed at the mouth. This was the episode that resulted in his hospital treatment. At the hospital he was diagnosed - Alcoholic Psychosis; Delirium Tremens.

The family history of this patient in regards to alcoholism and mental illness was negative, except for his father who drank to excess.

Patient had very superior intelligence but only went as far as the second year of high school. He worked as an automobile mechanic, in a liquor store, and in one of the United States Arsenals. His last place of employment was in a garage but he had to give this up because of his drinking.

He never showed any particular interest in girls until he met his wife whom he had known for seven years prior to their marriage. His wife was the niece of the owner of the liquor store. They were married for five years but had no children. It was not a happy marriage and during the entire marriage both of them drank excessively. They separated and finally were divorced when patient learned his wife was associating with other men.

Patient started to drink when he was twenty-one years old but never drank excessively until he started to work for his father-in-law in the liquor store. The liquor was available and both he and his wife used it to excess. He was treated for the delirium tremens about three and one-half years prior to the present episode. He did not drink for eight months after his release but suddenly developed severe stomach cramps and returned to drinking. He drank excessively until his present hospitalization. He has never been arrested for drunkenness. He has had two hospitalizations for alcoholism and has made a good hospital adjustment in both instances. His last hospitalization was for one month

and five days.

Since returning to the community he has made a very good adjustment. He is living with his parents and is getting along with everyone at home. He belongs to no organizations but has a host of friends and attends church regularly. He is working steadily as a mechanic and enjoys his work very much, best of all, he has not returned to taking even an occasional drink. The prognosis seems good for this patient just so long as he does not place himself where alcohol can be found.

This is a case of a young man of very superior intelligence who was greatly affected by an alcoholic father. This father was a poor father figure and a poor example in the teaching of moderation in the use of alcohol. The results of this poor example was shown when the patient was confronted with large amounts of easily accessible alcohol at his liquor store job. His marital situation was bad because his wife could drink as much as he could. The marriage finally ended when patient discovered his wife was entertaining other men.

Patient is now living with his mother, working steadily and has not gone near any form of alcohol. He is making a good adjustment, and because of his insight will probably continue to adjust well. The fact that he is able to abstain from alcohol as long as his environment is free of liquor seems to indicate the possibility of a constitutional hereditary weakness.

Case 3. - G.E.

This is the case of G.E. who was brought to the hospital by the police and was admitted on temporary papers.

He had been hearing noises and was afraid some one was going to beat him. He also heard voices that condemned him. He had been drinking heavily but had stopped quite some time before his hospitalization. At the hospital he was diagnosed - Alcoholic Psychosis; Acute Hallucinosiis.

The patient at the time of admission was forty-seven years old. Both his parents abstained from alcohol. There was no history of alcoholism or mental illness in the family.

At the age of twelve or thirteen his father died and he had to go to work to help support the family and as a result he did not know many pleasures during his early life. He had no serious illnesses as far as is known, but during the past year prior to hospitalization he was struck by an automobile and there was a question of concussion and a broken wrist. He has complained of severe headaches and dizzy spells ever since.

He was of low average intelligence and was in the sixth grade when he was forced to leave in order to help his family financially. He had worked steadily since going to work and for the most part had worked as a carpenter.

Patient married when he was thirty-two years old to a woman two years his senior. They were very happy together and had one child. His wife died after four years of married life and patient took her death to heart and began drinking. After her death he lived alone in rooming-houses, and the child lived with his sister. He started drinking at thirty-six and has been drinking excessively ever since. He usually drinks alone. He made a good adjustment in the hospital and after two months and five days he was finally discharged.

Since leaving the hospital, patient claimed he has had nothing to drink, and his Court record showed no arrests for drunkenness. He belongs to no organizations and has started to go to church occasionally. He was very proud of his daughter who is about twelve years old now, and talked about her a great deal. At the present time he is not working because he said the carpenter trade is having a seasonal let-down. He has made no attempt to obtain any psychiatric assistance from any clinic or organization such as Alcoholics Anonymous.

This case is that of a forty-seven year old man whose family background shows no evidence of alcoholism or mental illness. At an early age his father died and patient was forced to go to work in order to help support his family.

Due to the family situation he was frustrated in having the normal, youthful pleasures that were rightfully his. He worked hard all his life and finally married when he was thirty-two years old. It was a very happy marriage until his wife died four years later. It was at this time that he began drinking. Apparently, this man had reached a saturation point in loneliness and frustration and was emotionally unable to take any more blows from life. His one bit of happiness had been taken from him and the sorrow was too great for him to handle so he turned to drinking.

Since leaving the hospital his adjustment, in regard to alcohol and his friends, has been good. He intends to return to work as a carpenter as soon as the seasonal let-down is over.

Case 4. - P.L.

Patient P.L. was brought to the hospital by the police from his home. He had been drinking steadily for four weeks and admitted he had been drinking about a quart of whiskey a day. At home he was delirious, violent and destructive. He was hallucinating, refused to keep himself clean or wear clothes. He was diagnosed - Without Psychosis, Chronic Alcoholism.

This is a case of a fifty-four year old man who has been a heavy drinker for at least twenty years. There is no known history of alcoholism or mental illness in the family.

He finished the fifth grade in school before he came to this country, and since arriving here, has worked steadily and has been a good provider. He worked as a laborer for the City of ----- for sixteen years until he hurt his back. He has been pensioned for the past twelve years.

Patient has been married for thirty-three years but there have been no children although his wife has had two miscarriages. Married life has been happy except for the patient's drinking. While in the hospital he accused his wife

Due to the family situation he was frustrated in having the normal, youthful pleasures that were rightfully his. He worked hard all his life and finally married when he was thirty-two years old. It was a very happy marriage until his wife died four years later. It was at this time that he began drinking. Apparently, this man had reached a saturation point in loneliness and frustration and was emotionally unable to take any more blows from life. His one bit of happiness had been taken from him and the sorrow was too great for him to handle so he turned to drinking.

Since leaving the hospital his adjustment, in regard to alcohol and his friends, has been good. He intends to return to work as a carpenter as soon as the seasonal let-down is over.

Case A. - F.B.

Patient P.B. was brought to the hospital by the police from his home. He had been drinking steadily for four weeks and admitted he had been drinking about a quart of whiskey a day. At home he was delirious, violent and destructive. He was hallucinating, refused to keep himself clean or wear clothes. He was diagnosed - Without Psychosis, Chronic Alcoholism.

This is a case of a fifty-four year old man who has been a heavy drinker for at least twenty years. There is no known history of alcoholism or mental illness in the family. He finished the fifth grade in school before he came to this country, and since arriving here, has worked steadily and has been a good provider. He worked as a laborer for the City of ----- for sixteen years until he hurt his back. He has been pensioned for the past twelve years. Patient has been married for thirty-three years but there have been no children although his wife has had two miscarriages. Married life has been happy except for the patient's drinking. While in the hospital he accused his wife

of being unfaithful about six years ago but offered no definite proof. He also believes she is mentally ill.

Patient started to drink when he was twenty-one years old, and has been a heavy drinker for over twenty years. He admitted that he had the delirium tremens about twenty years ago, but has not had them since. He admitted that he occasionally goes on "binges" for two or three weeks at a time but proudly boasted that he had stayed "on the wagon" for as much as two years. He did not consider himself a heavy drinker. He does his drinking alone. He has been arrested four times for drunkenness. While in the hospital he made a good adjustment and was discharged after six days.

Since his discharge he has not been arrested for drunkenness and according to his wife he had not been drinking at all. He belongs to no organizations, but has returned to the Church. He has a few friends and is apparently getting along well at home. He has given his wife no trouble. He is occasionally bothered by his injured back and is living on the pension received as a result of this injury.

This fifty-four year old man came to this country at an early age from Ireland. Since coming to this country, he has worked as a laborer, and for the past twelve years he has been pensioned because of an injury suffered while at work. He has been married for thirty-three years and according to his wife, the marriage has been a happy one except for the patient's drinking. He has been drinking since he was twenty-one and has been drinking excessively for over twenty years. He admitted that he drinks periodically and has stayed away from alcohol for as long as two years. This would seem to indicate that he used alcohol as a means to an end. Possibly, alcohol is his means of avoiding reality and whenever he find himself under stress, he reverts back to alcohol as his means of solving the problem.

According to his wife, since his release from the

hospital he has not been drinking and has caused no trouble at home. This could mean that he has not been confronted with any problems since returning home.

Case 5. - A.F.H.

Patient A.F.H. was admitted to the hospital from his home. He had been arrested because of the disturbance he had made by running out into the street shouting at people. He had struck his oldest daughter in the face, and his wife and other members of his family were living in terror because they were afraid he would strike them. He was definitely hallucinated and was destructive. At the hospital staff-meeting he was diagnosed - Alcoholic Psychosis; Other Types.

This is a case of a man, thirty-eight years old when committed, whose background is not well known.

He was described as being able to make friends easily, and when sober was amiable, friendly and of quiet temperament. His special interests outside his home were baseball and horse and dog racing. Prior to his drinking he used to do a great deal of reading.

Patient was of average intelligence, and was in the second year of high school when he left school. He has worked ever since he left school and now works as an independent iron worker. He has been a steady, hard worker as long as he is sober.

In June, 1931, at the age of twenty-four he married a girl of his own age. She was described as a sincere, stable woman, and loyal to her husband. They have five children of whom the patient is very fond. The marriage has not been too happy because the wife has taken over all the running of the household and has not bothered to consult her husband at all and bills have piled up due to the lack of an adequate income. At the beginning of the marriage, relatives interfered. As a result the marriage has not been too happy and patient admits being unfaithful to his wife several times.

Patient started drinking shortly after his marriage in 1931, and has been drinking ever since, and has been arrested six times for drunkenness. His drinking has resulted in the lowering of his income and eventually the family found itself in debt and very unhappy. There is no known history of alcoholism in patient's family.

This makes the second hospitalization for patient. The first admission was for two months. His first hospitalization was the result of his arrest for breaking windows. He was not intoxicated but just angry and "had to let loose but did not want to hurt any one." This last admission was for

two months and six days, at which time he was placed on indefinite visit. He adjusted well in the hospital.

Since leaving the hospital on visit, he has done quite well. He has been working steadily, and has gotten along very well with his wife and children. He has done no drinking at all and realizes that he cannot drink. He regularly takes his wife to the movies and often goes bowling with her. Patient has expressed a desire to join Alcoholic Anonymous and has already attended one of their meetings and was much impressed.

SUMMARY: GOOD ADJUSTMENT GROUP

This thirty-eight year old man was described as being friendly and amiable and of quiet temperament when sober. He was of average intelligence. After leaving school in the second year of high school, he went to work as an independent iron worker and worked steadily as long as he was sober.

love and He married at twenty-four years of age but the marriage was not happy because of his wife's attitude toward him, inadequate income, and interference on the part of relatives. He began drinking shortly after his marriage and this fact points an accusing finger at the marriage. Apparently, his marriage did not turn out the way he had planned, and his wife and relatives had taken over the running of the house, never consulting him, and placing him in the position of merely furnishing the money, and he was failing at this task. His feeling of frustration was brought out most vividly when he broke windows without any particular reason. He merely wanted "to let loose." He was hospitalized at this time for his abnormal actions and when he was released he returned to the same living conditions. The next time, instead of breaking windows he turned to alcohol.

Since leaving the hospital this time, patient has adjusted very well. He has done no drinking and has taken a great deal of interest in his wife and family. Possibly, the home situation has been adjusted and the problem that caused the drinking no longer exists.

SUMMARY: GOOD ADJUSTMENT GROUP.

There are certain common factors found in the adjustments of these first five patients that possibly accounted for their good adjustments. All of them had good homes and families who probably understood the illness and had shown love and warmth for them. People sought their friendship, and they had financial security in one form or another, and they had the moral support of their Church to which most of them returned. Insight into their illness was very common among them and it seemed to produce a desire to overcome their illness and return to normal living.

All of these factors have probably contributed to the modifying in whole or in part, the underlying causes or conflicts that led them to alcoholism.

Case 3. - M.H.

This is a case of a fifty-eight year old man who was brought to the hospital by the police after he had been arrested for drunkenness and for assaulting his wife with a knife with the intention of cutting her throat. For a number of years he had accused his wife of being unfaithful to him, and there had always been a certain amount of friction between them over money-matters. On the day of the attack, his wife gave him a knife to carve the meat for the Sunday dinner but instead of cutting the meat, the patient decided to cut his wife's throat. At the hospital staff meeting he was diagnosed - Alcoholic Psychosis, Other Type; Paranoïd.

The patient's family history was unknown. He was described by his children as being a good father but not affectionate. He had a tendency toward bragging. He was even temperate except when drunk, and then he was over talkative and usually told very stories. He enjoyed music, vaudeville shows, bowling and liked to play cards.

He was of average intelligence, and was in the eighth grade when he was the age of thirteen due to the financial situation in his home. He worked steadily from that time on, and held one job as a truck-driver for twenty-seven years and finally lost it due to his drinking. During the war he worked in war-plants and earned exceptionally large amounts of money, most of which he kept for himself.

He married when he was twenty-eight years old and his wife was twenty-three. At the time of the marriage his wife was pregnant but had a miscarriage six weeks later. His wife said he was a good husband, although very close with his money, until nine years before his hospitalization. There was a noticeable change when one of his daughters died at the age of thirteen. Patient had accused his wife of being unfaithful to him although she is known as a very good mother and wife by friends and neighbors. He often criticized her for going to church and called her a hypocrite. It was rumored that he had been unfaithful but his wife said she had discounted the stories as untrue.

Patient started drinking when he was eighteen years old. He has drunk heavily for fifteen years, prior to his hospitalization, but it was never generally known. He had never been arrested prior to his attempt on the life of his wife. He spent a good deal of his time with friends in various cafes, and drank at home also. The job he held for twenty-seven years was lost because of his drinking. There was also a sharp increase in his alcohol consumption after the death of his thirteen year old daughter. There was no known history of alcoholism in his family.

While in the hospital he made a good adjustment. He was hospitalized for five months and two days, at the end

Case 6. - W.W.

This is a case of a fifty-eight year old man who was brought to the hospital by the police after he had been arrested for drunkenness and for assaulting his wife with a knife with the intention of cutting her throat. For a number of years he had accused his wife of being unfaithful to him, and there had always been a certain amount of friction between them over money-matters. On the day of the attack, his wife gave him a knife to carve the meat for the Sunday dinner but instead of cutting the meat, the patient decided to cut his wife's throat. At the hospital staff meeting he was diagnosed - Alcoholic Psychosis, Other Types; Paranoid.

The patient's family history was unknown. He was described by his children as being a good father but not affectionate. He had a tendency toward bragging. He was even tempered except when drunk, and then he was over talkative and usually told sexy stories. He enjoyed music, vaudeville shows, bowling and liked to play cards.

He was of average intelligence, and was in the eighth grade when he left school at the age of thirteen due to the financial situation in his home. He worked steadily from that time on, and held one job as a truck-driver for twenty-seven years and finally lost it due to his drinking. During the war he worked in war-plants and earned exceptionally large amounts of money, most of which he kept for himself.

He married when he was twenty-eight years old and his wife was twenty-three. At the time of the marriage his wife was pregnant but had a miscarriage six weeks later. His wife said he was a good husband, although very close with his money, until nine years before his hospitalization. There was a noticeable change when one of his daughters died at the age of thirteen. Patient had accused his wife of being unfaithful to him although she is known as a very good mother and wife by friends and neighbors. He often criticized her for going to church and called her a hypocrite. It was rumored that he had been unfaithful but his wife said she had discounted the stories as untrue.

Patient started drinking when he was eighteen years old. He has drunk heavily for fifteen years, prior to his hospitalization, but it was never generally known. He had never been arrested prior to his attempt on the life of his wife. He spent a good deal of his time with friends in various cafes, and drank at home also. The job he held for twenty-seven years was lost because of his drinking. There was also a sharp increase in his alcohol consumption after the death of his thirteen year old daughter. There was no known history of alcoholism in his family.

While in the hospital he made a good adjustment. He was hospitalized for five months and two days, at the end

of which time he was placed on indefinite visit. Since leaving the hospital, he has reported back periodically to the hospital but has been non-co-operative with the social worker. He has worked steadily but insists upon having an "occasional" glass of beer which will probably lead to his downfall once again. His drinking was called to the attention of his daughter under whose supervision patient was placed, but she has also been most unco-operative. The prognosis is poor.

Little is known of this fifty-eight year old man's early background except that as a child he had his own way. As a father he was well liked although he was never affectionate. He was of average intelligence and after leaving school at the age of thirteen, he worked at numerous jobs, including one as a truck-driver at which he stayed for twenty-seven years. He finally lost this because of his drinking.

He married when he was twenty-eight years old and it was an unhappy marriage for the most part. Apparently, it was a forced marriage because his wife was pregnant at the time of the marriage. He probably resented the marriage, and on several occasions accused her of being unfaithful to him.

Patient began drinking when he was eighteen years old but it was not until his thirteen year old daughter died that he began to drink excessively. It appears that he was not a very happy man in his married life, and probably the one bright spot was this child of thirteen of whom he was very fond. After her death, life for him became boresome and unbearable so he turned to alcohol to overcome the situation and avoid reality. Since leaving the hospital, his adjust-

ment has been good in that he is working and causing no trouble, but he insists upon having an "occasional" glass of beer.

Case 7. - E.B.

Patient E.B. was committed from his home because of his abnormal actions. He admitted hearing voices that seemed to know everything about him and are constantly calling him bad names. He also admitted that he felt depressed and attempted suicide six months prior to this incident, and has told others recently that he intended to commit suicide. While he is sober he is all right but when he becomes drunk he is ugly and destructive. At the hospital staff meeting he was diagnosed - Alcoholic Psychosis; Acute Hallucinosis.

This is the case of a man forty-years old at the time of his last hospitalization. His parents are total abstainers from alcohol. His home life has always been a happy and wholesome one, and there was never any disturbances in family until patient started drinking.

He was described as being very generous and good-hearted. He was always friendly, sociable, well liked by everyone with whom he came into contact, was the happy-go-lucky type, and never prone to worry over trifles. He was never unduly suspicious or mistrustful until the time of his illness. As a child he belonged to the Congregational Church and is said to have enjoyed attending church. He belonged to the Young People's Society and attended Sunday School regularly. Since leaving school he has lost interest in religion and has not attended church in many years.

Patient was of superior intelligence but left school at the age of fifteen after completing the eighth grade. He was considered a good student. He left school because he was eager to go to work. Soon after leaving school he learned the trade of machinist and tool-maker and has worked at this trade in many places during the past twenty or twenty-five years. Unfortunately, he has not been able to hold a job very long because of his drinking.

Patient was single and never showed any special interest in the opposite sex even as a young man according to his mother. He was quoted as saying that no girl was good enough for him to marry. He did go with a girl for a year but she married some one else and he has not bothered with girls since.

Patient started to drink when he was twenty years old and has been drinking excessively ever since. He usually drinks wine or whiskey or both. When he first began drinking

he used to drink with friends but as he grew older he began to drink alone, and would often stay up all night drinking. When he became intoxicated he was ugly, belligerent and destructive. He lost many jobs because of his drinking and he was arrested seven times for drunkenness.

While in the hospital on both commitments, he adjusted well. His first hospitalization was for nine days, at which time he was discharged, and the second admission was for twenty-seven days, at the end of which time he was discharged.

Since leaving the hospital patient has returned to work and has worked steadily at his trade. He enjoys the work and is earning more now than he did before being hospitalized. He has adjusted well at home and has a few friends whom he sees occasionally.

Unfortunately, patient has returned to drinking wine at home but declared he was not touching the "hard-stuff." This man has not learned yet that he cannot drink at all and will probably return to excessive drinking whenever the occasion arises. He has never attempted to gain the aid of any psychiatric clinic or any organization such as Alcoholics Anonymous. Up to this point he has adjusted fairly well but the prognosis is bad.

This forty year old man came from a good home in which there was no history of alcoholism and his home life was always happy and wholesome. Patient was described as friendly, sociable and a happy-go-lucky type.

After completing the eighth grade in school, he left and began learning the trade of machinist and tool-maker. He has worked at this trade for the past twenty-five years but has lost many jobs because of his drinking.

Patient never married although he was interested in one girl for one year but she married some one else and he has shown no interest in the opposite sex since then. He started to drink with friends about this time probably in an effort to forget about the girl. Later he developed into a lone drinker and lost contact with all his friends. He prob-

ably has not been able to adjust well sexually or socially and as a result has continued on drinking heavily as a means of facing these inadequacies.

Since leaving the hospital he has returned to work and has not been intoxicated, although he admits drinking wine at home. Since his former problems are still present, he probably will return to excessive drinking.

Case 8.-J.T.M.

Patient was brought to the hospital by the police from the Court. He had been arrested for drunkenness at his home. During the evening prior to his arrest he had threatened his sister's life and was very ugly. Since she could not handle him, she called the police. At the hospital he was diagnosed - Without Psychosis; Acute Alcoholism.

This thirty-six year old man's family history is negative in regards to any alcoholism or mental illness. He was the youngest of six children.

Patient was described as refined and very gentle. At home, except when intoxicated, he was pleasant and agreeable, very kind to his mother, but seemed to lack ambition and seemingly was satisfied with his station in life. He had few or no friends and during his off-time, he seemed satisfied to go to movies and ball games alone. He was considered stable in mood when sober.

He was of average intelligence and finished grammar school at the age of fifteen. He never repeated any grades and was considered an average student. After leaving school patient began to work with his father in a rubber factory and with the exception of a short period with another factory job, has remained in this line of work. He has been working at this last job for the past eighteen years as a mill man. He worked long hours sometimes twelve and thirteen hours per day, except on Saturday.

Patient never married and never had any special interest in girls but admits having sexual relations with various women. Many of his mannerisms seemed effeminate.

Patient started drinking about twenty-five years of age. At first he did not drink very much but during the last six years before his hospitalization he drank excessively, especially on Saturday nights. He drank especially heavy since the death of his parents. When he is drunk, he is surly,

irritable and profane. He has never been arrested for drunkenness except for this last episode. This was his first mental hospital admission, and he made a good hospital adjustment. He was discharged after one month's hospitalization.

This patient's adjustment since discharged from the hospital has been fair. He had returned to his usual routine of working long hours during the week and getting drunk on the weekend. His sister claims he has caused no trouble at home, goes to church if he is sober, and works steadily. He has sought no psychiatric help with his problem.

SUMMARY: PATIENT ADJUSTMENT REPORT.

The family history of this thirty-six year old man was negative in regard to alcoholism or mental illness. The patient was described as refined and gentle except when drunk, but seemed to lack ambition and had few friends.

He was of average intelligence and after finishing grammar school he went to work with his father in a rubber factory where he worked extremely long hours.

Patient was never married and never expressed any special interest in women although he admitted having sexual relations with various woman. Due to his close relationship with his sister and his mother to whom he was very much attached, he developed many effeminate mannerisms.

He began drinking when he was twenty-five years old and drank excessively since his parents died. When his parents died, he lost the two people whom he loved most and on whom he could always depend. Being an emotionally unstable person he did not know how to handle his grief and loneliness, so he turned to excessive drinking in order to forget. Possibly another problem was his sex life which probably presented much conflict. Being lonely, without any family or friends

except a sister who apparently did not understand him, this man could not find a means of expressing himself nor could he find contentment in a normal way, so he turned to alcohol to escape reality and to give himself temporary relief from his hum-drum existence.

SUMMARY: FAIR ADJUSTMENT GROUP.

The factors found common in the fair adjustment group were such things as a lack of understanding, love and affection in their home life. Their homes were merely places for them to eat and sleep. They had returned to the same type of environment in which the illness had developed originally, there was no noticeable insight regarding the illness or problem, and there was a constant refusal to co-operate with those desiring to help them.

Apparently, the underlying causes of their alcoholism are still present, and although their adjustments up to this point may be considered fair, the indications are that these patients will probably return to their pre-hospitalization adjustments.

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Apparently, the underlying causes of their alcoholism are still present, and although their adjustments up to this point may be considered fair, the indications are that these patients will probably return to their pre-hospitalization adjustments.

Case 9. - S.A.P.

Patient was brought to the hospital by the police at the request of his sister. He had been drinking to excess for some time and finally began to hallucinate. He believed that some one was chasing him with the intention of killing him. He ran out of the house shouting for the police to protect him, so his sister called the police. At the hospital he was diagnosed - Alcohollic Psychosis, Acute Hallucinosis (Traumatic Epilepsy).

This patient, forty years old, was the adopted son of the family he called his own and nothing is known of his own family's history. He was friendly and cheerful, athletic, and inclined to be a "show-off" and a leader of any mischief. He was always cheerful at home, except when he was drinking. Later on in life he developed epileptic-like seizures which resulted in a severe fracture of the skull after a fall. These attacks usually followed a drinking spree.

He was described as a cheerful, happy-go-lucky individual, and a willing worker about the house. He liked swimming and dancing. POOR ADJUSTMENTS He also liked to drive an automobile and was a member of a club.

He had high average intelligence and finished the ninth grade in school. He entered school when he was six years old, and was considered a good student when he applied himself, but was inclined to be a "sent-up" and an exhibitionist in the classroom. His work after leaving school was always of an unskilled nature. He had many jobs but left after six or seven months, mostly due to his drinking. On one job he did stay for four years but the company closed. He worked at such jobs as grocery clerk, installer of oil burners and hauling coal.

Patient married when he was twenty-two years old. It was a stormy marriage in which the wife could drink as much or more than the patient. After five years of married life he discovered she was an escaped inmate of a home for the feeble-minded. The child which he thought was hers actually was a State Ward. He left his wife when she started going out with other men, and she divorced him and married one of his "friends." There were two or three abortions during the marriage.

Patient started drinking when he was twenty-five and has been drinking ever since. About three years prior to his hospitalization he began to drink heavily. This drinking steadily consisted of sprees that lasted one to six days. During these periods he would drink much and eat little. He was finally admitted to the hospital because of his drinking and hallucinations. He had epileptic-like seizures that were precipitated by his drinking. He usually drank with others but sometimes he drank alone. He made a good adjustment in

Case 9. - G.R.P.

Patient was brought to the hospital by the police at the request of his sister. He had been drinking to excess for some time and finally began to hallucinate. He believed that some one was chasing him with the intention of killing him. He ran out of the house shouting for the police to protect him, so his sister called the police. At the hospital he was diagnosed - Alcoholic Psychosis, Acute Hallucinosis (Traumatic Epilepsy).

This patient, forty years old, was the adopted son of the family he called his own and nothing is known of his own family's history. He was friendly and cheerful, athletic, and inclined to be a "show-off" and a leader of any mischief. He was always cheerful at home, except when he was drinking. Later on in life he developed epileptic-like seizures which resulted in a severe fracture of the skull after a fall. These attacks usually followed a drinking spree.

He was described as a cheerful, happy-go-lucky individual, and a willing worker about the house. He liked swimming and dancing as a young man. He also liked to drive an automobile and "tinker" with machinery.

He had high average intelligence and finished the ninth grade in school. He entered school when he was six years old, and was considered a good student when he applied himself, but was inclined to be a "cut-up" and an exhibitionist in the classroom. His work after leaving school was always of an unskilled nature. He had many jobs but left after six or seven months, mostly due to his drinking. On one job he did stay for four years but the company closed. He worked at such jobs as grocery clerk, installer of oil burners and hauling coal.

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the hospital and was finally discharged.

His sister has seen very little of him since his discharge but he writes her occasionally. When he first left the hospital he obtained a job where alcohol was manufactured and the inevitable happened and he was arrested three times for drunkenness. Suddenly, he turned over a new leaf, went to New York, obtained a job as a shipping clerk, joined a Bowery Mission and has stopped drinking. This has been going on for several months but nothing is certain about it. He has made a poor adjustment and the prognosis is poor.

This man was brought up in a strict christian home, and in his early life he seemed to adjust fairly well. At this time of his life he gave indications of being an exhibitionist. He began drinking when he was twenty-five but it was not until his marriage began to fail and his foster mother died that he began to drink heavily. The little world about him began to crumble and he was unable to overcome his misfortunes, so he ran away and has been running ever since. About three years before his hospitalization, he developed epileptic like seizures which added to his emotional confusion. He has a certain amount of insight concerning his drinking. At the present time he has joined a religious sect in order to assist in affecting a cure but the location of the church (the New York Bowery) offers too many temptations to a man with his weakness for alcohol. Although he is doing well at the moment, his prognosis is poor.

Case 10. - F.P.

Patient F.P. was brought to the hospital by the police who had found him on the roof of a porch just under his bedroom window, shouting for the police. He admitted hearing

voices that were threatening him with physical harm. He also believed that one of the other roomers had been beaten by these same people. He had been drinking heavily but had stopped four days prior to this episode. At the hospital he was diagnosed - Alcoholic Psychosis; Acute Hallucinosis.

The family history on this man is not too definitely known. It is known that his parents were absolute abstainers from alcohol and both died in their eighties.

He was described as friendly, sociable and an even tempered individual with a great many friends. However, he was inclined to be irresponsible and undependable, particularly in regards to work. He enjoyed social affairs and all sports. In his younger days, he played professional baseball.

Patient was of dull normal intelligence, and left school at sixteen years of age after completing the seventh grade. At this time he enlisted in the Canadian Army. He served for three years and was honorably discharged in 1919. Following his return from the Army, he eventually became a master plumber. He worked for himself and was considered a capable workman but unreliable due to his drinking.

He married a girl whom he had known all his life, and they had three children. Marital life was happy until 1939, when patient began to object to his wife's interest and activities in the church. He had no interest in religion and objected to his wife's interest. They quarreled and eventually were divorced. He had, on several occasions, been unfaithful to his wife, and after their separation he lived with another woman and was finally arrested and sentenced to the House of Correction for one year, for immoral co-habitation. It was about this time he was treated for a venereal disease infection.

Patient started drinking when he was sixteen years old and was a moderate drinker until his wife left him and has been drinking excessively ever since. When he is drunk he seems confused and rather incoherent in his speech but does not become irritable or antagonistic. Prior to his hospitalization he had been arrested fourteen times for drunkenness and once since his discharge. In the hospital he adjusted well, made a remarkable recovery, and showed a great deal of insight at that time. He was discharged after six days.

Since his discharge from the hospital, patient has returned to his trade and has worked occasionally. He has returned to excessive drinking once again and has been arrested once. He has no home life, and his wife has re-married. He has few or no friends, belongs to no church or organization, and has sought no psychiatric help in his problem. His adjustment has been poor and his prognosis is poor.

This patient's family history was negative in regard

to alcoholism. The patient, himself, was described as friendly and sociable but irresponsible and undependable. He left school when he was sixteen and in the seventh grade, and joined the Canadian Army. Following this, he became a master plumber although an unreliable one.

His marriage was an unhappy affair due to his criticism of his wife and after many quarrels they were divorced. During his marriage he had been unfaithful to his wife and after they were separated he lived with another woman until he was arrested on a morals charge and sentenced to jail for one year.

His drinking started when he was sixteen years old but not excessively until after his separation from his wife. Apparently, his feelings toward his wife were ambivalent in that he loved her and at the same time he was critical of her. Due to the fact he was willing to have sex relations with other women during the marriage, leaves open the possibility that his sex relations with his wife were not satisfactory, and this may have been the underlying cause of his critical attitude toward his wife. When he realized he had really loved his wife but had lost her, he "solved" his problem with alcohol.

Since his hospitalization he has returned to his excessive drinking and has made a poor adjustment.

Case 11. - H.C.

Patient was brought to the hospital by police wagon upon the advice of a doctor. Patient had been drinking excessively and was hallucinating. He heard voices and saw very strange faces before him. At the hospital he was diagnosed - Alcoholic Psychosis; Delirium Tremens.

This thirty-four year old man's family background is negative in regards to alcoholism or mental illness. He never had much of a home life. He lived with his sister for a while but his drinking drove him out of there and he now lives by himself and is drunk all the time.

Patient was described as a happy-go-lucky individual with many friends and always got along with crowds. He held no bitterness toward his family although they disowned him. He was always interested in sports and radio, but never belonged to any clubs or organizations except Alcoholics Anonymous.

He was of average intelligence and finished two years of high school. After leaving school he had numerous jobs but never stayed in one place very long. His work included such jobs as gold-beater, baby-sitter, C.C.C. laborer, and farmer.

He always had a girl friend ever since he was fourteen years old but never married. He went with one girl for five years but they quarreled and that ended the romance. At this time he started to drink heavily. There were no known sex perversions.

Patient started drinking when he was twenty-four years old, and began drinking heavily five years later, and with the exception of short periods, has been drinking excessively ever since. He has a record of twenty arrests for drunkenness. This is his third hospitalization for alcoholism. He made a good adjustment in the hospital and after ten days was discharged.

Patient's adjustment after returning to the community was excellent for several months, after leaving the hospital. He obtained a steady job with board and room included, interested himself in sports, movies and the radio, and made contact with his family once again. Suddenly, he began drinking again (reason unknown) and the last they heard of him, he was being hospitalized again. Since his discharge he has been arrested twice for drunkenness.

This man's family history showed no alcoholism or mental illness. After his parents died he lived with his sister but had to leave because of his drinking, and had to

live by himself.

He was a happy-go-lucky individual with many friends. After finishing two years of high school, he left school to go to work. He never held one job very long, but wandered from one job to another.

Patient seemed to always have a girl but never married. He went with one girl for five years but this ended after a quarrel, and it was at this time that he began to drink excessively. He started drinking when he was twenty-four years old.

This man probably had little security in his life and everything went against him. Both parents died when he was still young, he could not find a satisfactory job probably due to the depression, and to make matters worse, the girl whom he intended to marry left him and he found himself without family, girl, job or money. Losing his girl was too much for him so he "ranaway" by excessive drinking.

After leaving the hospital he adjusted well for several months but suddenly returned to excessive drinking.

Case 12. - T.H.S.

Patient T.J.S. was brought to the hospital by the police at the request of his mother. He had been drinking heavily and began to hallucinate. He believed people were after him and wanted to take his clothes away from him. He claims he saw the devil. He became so excited that he ran out of the house to avoid these people and at various times he talked about committing suicide. His mother decided to call the police because she could not handle him. At the hospital

he was diagnosed - Alcoholic Psychosis; Delirium Tremens.

The family background of this thirty-one year old man was negative in regards to any mental illness or alcoholism. While in the military service he developed a nervous condition for which he received a thirty per cent disability pension from the Veterans Administration. He has never had any serious injuries or operations.

His home life has always been an easy life because his mother has willingly supported him, and he is very much attached to his mother. He has contributed to the support of the house but has never taken over the burden completely. There has never been any disturbance at home except that caused by the patient. All his siblings died in early life except one sister who died at the age of thirty.

Patient was described as quick tempered but sociable, friendly and able to get along with other people. He had little interest in social affairs, and no special interests or hobbies. He did read a great many detective story magazines.

He was of average intelligence and completed two years of high. He was considered an average student and showed nothing remarkable. After leaving school, he worked in a grocery store for four or five years and finally became manager. During the depression he had various jobs, mostly laboring jobs, such as found on W.P.A. Since his return from the Army he has had numerous jobs but never held them because he was always dissatisfied. He stopped working altogether four months prior to his hospitalization, because he said he was too nervous to work.

Patient never married but was popular with the girls. He was engaged to a girl before entering the service but she married some one else while he was away. He took this turn of events "rather hard" but said little about it - just drank excessively. Since then he has shown little interest in the opposite sex.

His drinking started when he was about twenty-three years old. He has been drunk frequently and usually drinks in the company of others. He had been drinking excessively for seven or eight years prior to his hospitalization. He had been irritable and impatient when drunk. While in the hospital, he made a good adjustment and at the end of twenty-four days he was discharged.

His adjustment since leaving the hospital has been poor. He claims that he gets along with everyone and is having no trouble at home. Patient belongs to no organizations, has very few friends and does not attend church. He claims that he takes only an occasional drink but his Court record shows three arrests for drunkenness since his discharge. He is extremely nervous and has been granted a thirty per cent disability pension, for this condition, by the Veterans Administration. He has refused all offers of

psychiatric treatment and does not believe the hospital did him any good. The prognosis is poor.

There seems to be numerous factors that have contributed to this man's alcoholism, namely, that he was an only son and over indulged by his mother. He is ^a somewhat immature individual who is constitutionally unstable, and unable to stand any serious stress. His mother has made life easy for him by supporting him, and never expecting too much in return. He never had to assert himself. Even when he lost a job, it did not matter because his mother was always there to lend her support. However, when he came face to face with a frustration in which his mother could not help, such as when he lost his girl, he showed his immaturity and unpreparedness to deal with such a situation by resorting to alcohol. His work record shows he has not been satisfied with his various jobs, but instead of doing something constructive about it, he turns to the bottle to give life a rosy hue. He gives no indication of having insight into his problem and will probably continue on drinking.

Case 13. - F.H.C.

Patient F.H.C. was brought to the hospital by the police. He had been arrested the previous night for drunkenness and disturbing the peace. In Court the next morning his mother testified that patient had been acting "oddly" lately and she asked to have him committed to a mental hospital for observation. At the hospital he was diagnosed - Without Psychosis; Psychopathic Personality, Mixed Type (Chronic Alcoholism.)

This patient's family background is excellent except for his father who drank excessively and associated with other women. There is no family history of mental illness and patient's father is the only alcoholic.

He was not liked by his father because he sided with his mother during family arguments, and his home life was not a very happy one when his father was home. He would not obey his father.

He never had any outstanding illnesses as a child but later on as an adult he lost his sight in two distinct accidents and still later fractured several ribs in an automobile accident.

Patient is said to have a very pleasing personality when he wants to, made friends easily, a good mixer and was well liked by everyone. He lacked will power and perservance, and was a dreamer with great plans which he could never carry out. He had a fiery temper and was always mean to anyone he disliked. When well, he liked parties and dances. He was never markedly suspicious or mistrustful with anyone except his wife.

He was of very superior intelligence but only completed the eighth grade. His family moved about so much he never was able to make much head-way. Toward the end of his school career he was expelled because of smoking. Several years later he attended a commercial school.

Patient's work record was very erratic and hap-hazard. After leaving school he joined the Navy and from this he turned to "following the harvest." In 1921, he attended business school but gave this up when he lost one eye. Following this he had odd jobs and was partly supported by his mother. After his marriage in 1925, he was employed as a vacuum cleaner salesman, drove a taxi-cab, and worked as a W.P.A. painter. His last known job was running a rooming house given to him by his mother.

Patient was married in July of 1925 when he was twenty-four years old. There were three children from this marriage. Patient and his wife never got along very well together. Seemingly, they were sexually compatible but were constantly pointing out each others faults. Quarrels were over her housekeeping ability and his lack of steady employment. Both had a venereal disease and blamed each other for being unfaithful. The family was constantly on the move and for a two year period they did not have a steady or real home. His wife left several times but always returned.

Patient started to drink in 1931 when he was thirty years old, and drank excessively for the next twelve years, especially on week-ends. He started drinking when he worked for the W.P.A. where his fellow-workers were heavy drinkers. For two years prior to his hospitalization he drank less, simply because he was blind and was unable to get all the alcohol he wanted. He had been arrested eight times for

drunkenness. This was his first admission to a mental hospital and he made a good adjustment. He was discharged after one month and three days of hospitalization.

Patient's adjustment since leaving the hospital has been poor. He returned to his drinking and has been arrested two times for drunkenness. He has no friends, never leaves his room except to eat. He is against the world and believes the world is against him. His special hate is women. He never goes to church. He is separated from his wife and only his son and daughter come to visit him occasionally. He lives in his mother's house although he has turned against her also, and he is supported by the Standard Oil Company on whose ship he became blind. He has sought no psychiatric aid. The prognosis is poor.

This forty-six year old man has had a life of one frustration after another. His early home life was poor, having had an alcoholic father who gave him a bad example in his drinking and who hated the boy instead of loving him. Patient probably saw father's of other boys and wished that his father would act the same way toward him. His mother was over protective and probably hindered him in expressing his own mind and desires. His marital situation was unhappy due to his wife's nagging and his own drinking. His wife probably did not turn out to be what he thought she should be. At one time he did express resentment that she was not better educated, although he did not go very far in school himself. Due to the fact that he had a psychopathic personality, he ^{not} could/get along with people and therefore could not hold a job. Apparently, none of his plans for life turned out the way he wanted them and seemingly there was nothing he could do about the situation. He came to the conclusion that the world was against him and therefore he would be against it.

He has retired to his room, a bitter, old man, with his false friend, the bottle

Case 14. - C.H.H.

Patient C.H.H. was brought to the hospital by his own doctor because patient requested to be taken there "to get away from alcohol". He was under the influence of alcohol when he arrived and was depressed. He admitted he had been hearing voices for about a week and felt dizzy. At the hospital he was diagnosed - Without Psychosis; Acute Alcoholism.

This patient was forty years old when admitted to the hospital. His family background has been rather unstable. Both his father and grandfather were heavy drinkers and the father was also considered neurotic. One of his grandmothers was puritanical.

He was described as a fighter and wanted his own way usually, and tended to be a leader type. He was a good mixer type all his life and spent most of his time with the boys. He was headstrong and always wanted his own way. He had no particular hobbies as he grew up but did take an interest in deep-sea fishing.

Patient was of average intelligence and was in the second year of high when left due to an argument with a teacher and never returned. Shortly after leaving school he joined the United States Marine Corps., and was over-seas for two and one-half years. Since leaving the Marines he has had numerous jobs, including that of shirt-cutter and watch-maker. He lost many of his jobs because of arguments with his employers.

Patient married when he was twenty years of age and had three children. The wife died, after eight years of married life of tuberculosis. The marriage was a happy one, except for the patient's drinking. He has had no interest in the opposite sex since his wife's death.

He began drinking at the age of eighteen when he was in the Marines and has been drinking ever since. After his wife's death he started drinking excessively and has continued his heavy drinking up to the time of his hospitalization. For the past two years prior to going to the hospital, he has associated with no one but confirmed alcoholics. He has been arrested for drunkenness six times. While in the hospital he adjusted well and stayed for a total of six days.

Since his release from the hospital he has been living with his parents. He has few or no real friends, belongs to no organizations and has no interest in religion.

One of his daughters is about to be married. He has had several jobs since his release and at present is working as a kitchen helper in a local cafe. It is a full time job and he apparently likes the work. Unfortunately, liquor is sold in the cafe and he admits taking an occasional drink but denies having ever over-indulged. The Court proves otherwise because he has been arrested twice for drunkenness since his discharge. He, apparently, has no particular desire to stop drinking and therefore has not sought the assistance of any psychiatric clinic or other organization that would aid him. The adjustment and prognosis are poor.

This forty year old patient came from an unstable family, his father being an alcoholic, and other members being either alcoholic or puritanical. As a child, patient was a fighter and usually wanted his own way.

He was of average intelligence and after leaving school in the second year of high school, he joined the Marines for two and one-half years. After the Marines he had numerous jobs but usually lost them due to arguments with the boss.

Patient started drinking when he was eighteen years old but did not drink to excessive until his wife died, after eight years of being happily married. Since this time he has been drinking excessively and has associated with no one but confirmed alcoholics.

This seems to be the case of a young man who had a poor father figure and turned toward his mother who probably pampered him, allowed him to do as he pleased, and never prepared him for the disappointments and frustrations of life. When his wife died he was not emotionally prepared to take

the loss and turned to drinking excessively. Since his discharge he has had several jobs, the present one being in a cafe where liquor is sold, and he has returned to excessive drinking.

Case 15. - J.J.M.

The case of J.J.M. is that of a forty-six year old man who was brought to the hospital by the police because of his odd actions and complaints. He had called the police and mayor of his home town and accused the police of annoying him by their radio broadcasts. He claimed that dictaphones had been placed in nearby rooms of his house and others were spying on him. He felt electrical impulses for which he blamed the police, drank excessive amounts of alcohol, became moody and depressed, and occasionally became violent. In the hospital he was diagnosed - Alcoholic Psychosis; Other Types (Paranoid.)

Nothing is known of his family background. The only fact available about his early life was that he was thrown from a horse at the age of eighteen and suffered lacerations behind his ear. He was described as a very quiet man except when he was drunk. He liked to stay at home, never talked very much and usually kept his thoughts to himself. He had very few close friends.

Patient was of high average intelligence and finished the eighth grade in school. He started working when he was sixteen or seventeen years of age but never held a job any length of time. He had numerous jobs such as truck-driving and as a telephone installer but was never unemployed. He was considered an excellent worker. He lost many of his jobs because of his drinking.

Patient was married May 2, 1926, and the marriage has been a happy one except when the patient is disagreeable and cranky toward his wife due to his drinking. He has five daughters of whom he is very fond. He began drinking when he was twenty-one years of age and as far as his wife knows, he has always been a heavy drinker. He usually drank heavily with friends during the week-ends and frequently at home during the week. He has been arrested nineteen times for drunkenness. There is no family history of alcoholism. During one of his drunken sprees, he fell and struck his head. There was no noticeable affect.

This is the patient's second admission to the hospital for alcoholism. The first admission was two years

prior to the present admission, and at that time he was diagnosed - Alcoholic Psychosis - Chronic Hallucinosiis, and was hospitalized for only six days. The present admission was for one year and twenty-one days, at the end of which time he was allowed out on indefinite visit.

His adjustment while on visit has been poor. For the first five months or so he did rather well, having done no drinking although he did show some of his old symptoms. His drinking started at a New Year's Eve Party and he has been frequently drunk ever since. He was working for a furniture company but had to give up this job.

Little was known about this man's background, and he was described as a very quiet man with few close friends. After finishing the eighth grade in school, he went to work and held numerous jobs but was never unemployed. He lost many of his jobs because of his drinking.

His marriage would have been a happy life except that he was disagreeable and cranky toward his wife. He started drinking when he was twenty-one, and as far as his wife knows, he has always been a heavy drinker.

The only clue that seems to stand out in the information available, as a possible reason for his alcoholism, are his two head injuries, especially the first one at the age of eighteen. This injury may have resulted in severe pain and headaches and he used alcohol as a narcotic to relieve the pain. He eventually became a consistent drinker and began to lean on alcohol for support.

For the first five months after leaving the hospital he obtained a job, abstained from alcohol, and in general adjusted very well. Suddenly, after a New Year's party, he

returned to drinking, lost his job and is back where he was before his hospitalization.

SUMMARY: POOR ADJUSTMENT GROUP.

The common factors, found among those patients that made poor adjustments, are practically the exact opposite to those factors found among the patients that made good adjustments.

The poor adjusting patients had no worth-while home-life, many of them being forced to live alone in rooming houses. Family ties were broken or greatly strained, so that they had no love, affection or understanding and were looked upon as moral cowards.

They had no insight into the problem and returned to the same or similar environment, placing themselves within easy reach of alcohol and all that goes with the excessive use of it. The underlying problem was still present and nothing was done about it, and probably none of them would have co-operated if help had been offered. A large number of them will probably return for further hospitalization.

1943 when it began to take admissions from the community. The rules and regulations governing admissions and discharges are the same as those for similar State institutions.

The social service department of the hospital was formed in 1931. The duties of this department are many and varied, such as obtaining social histories, supervising

CHAPTER VI

SUMMARY AND CONCLUSIONS

This is a study of forty-six male patients that were diagnosed as chronic alcoholics. The purpose of the study was to determine what social factors are common in the lives of these patients, what factors seem to have special influence in their lives, what were their social and economic adjustments after discharge, and what factors seemed to account for the type of adjustments made after discharge.

The material was taken from the records of the Metropolitan State Hospital in Waltham, Massachusetts, the Massachusetts Board of Probation, and from personal interviews with the patients and their relatives. The study covers a period of three and one-half years, from April 1, 1943 to October 1, 1946. Outside admissions from the various communities were begun on April 1, 1943.

The Metropolitan State Hospital was officially opened on October 29, 1930. For the first thirteen years of its existence, it was used as a transfer hospital until in 1943 when it began to take admissions from the community. The rules and regulations governing admissions and discharges are the same as those for similar State institutions.

The social service department of the hospital was formed in 1931. The duties of this department are many and varied, such as obtaining social histories, supervising

patients that are on indefinite visit, and the placement of patients back into the community by aiding them in finding good living conditions, employment, and in general, helping them to adjust in the community.

The excessive drinking that ultimately caused the hospitalization of these patients is no longer looked upon as a matter of a weak will or bad morals by the well informed but rather as an illness. The reasons why people drink excessively have been studied, and an underlying cause has been found in practically all cases of alcoholism. The two general factors or areas that contribute to alcoholism are the social factors and the psychiatric factors. Among the social factors are unemployment, family disorganization and the many frustrations encountered while attempting to gain a certain amount of wealth and security. Some of the psychiatric factors are found in cases of unsatisfactory sex life, feelings of inferiority, and marital and business troubles. The drinking may be caused by one of the factors or by a combination of them.

Alcoholics, as a whole, are very unhappy people. Socially, they are outcasts, and people avoid them, if possible, because they become annoying and are constantly borrowing money for more liquor. Physically, they are on the down grade and very often develop one of the several diseases. Eventually, they develop a mental illness of which alcohol may be the direct cause or just a symptom.

There are no set treatments for alcoholism because it depends on the alcoholic himself and the methods used by the attending physician. There are, however, two requirements common to all methods of treatment, and the first is that the alcoholic must want to recover from his illness, and, second, he must believe that he **can** recover.

Perhaps the best treatment for alcoholism is to prevent it from coming into being. It seems to be the accepted opinion of a large number of recognized authorities on the subject of alcoholism that prevention should start in the home. They believe that the environment of the home and the training of the child in the home are of the utmost importance. The parents are to set the standards for the child by their good example.

The home environment and early training of the forty-six patients studied left much to be desired. In general, the mothers were over protective or exceptionally rigid in their discipline, and the fathers were either alcoholic or represented poor father figures. As a result, the patients turned to their mothers and acquired many feminine traits, and due to her over protectiveness, the patients never learned to cope with the many problems and frustrations of life.

Intellectually, the group was average. Educationally, they left school, on the average, somewhere between the fifth and tenth grades.

The occupations of these patients ranged from the professional group down to the day-laborers. As workers they were poor and inconsistent. The majority seemingly could not hold a job or would not work consistently at any job or trade. The usual pattern was to drift from job to job.

For the most part, these patients were married but the marital adjustment of this group has been extremely poor. The emotional immaturity and inability to cope with the problems of adult life seemed to be the underlying cause.

Sexually, the group adjusted reasonably well, although thirteen per cent admitted some homo-sexual tendencies. Another ten and nine-tenths per cent admitted some variation from the normal hetero-sexual practices.

The drinking histories of the patients did not present any unusual patterns. The majority started drinking between the ages of fifteen and twenty-four, and the length of their excessive drinking extended over a period of one to twelve years. The majority of the patients entered the hospital, as a result of their drinking, between the ages of thirty and forty-nine.

The post-discharge records of the patients contacted showed that the majority either had found new jobs rather than returning to the old jobs, or they were unemployed. Regarding their drinking habits, the majority had returned to drinking excessively or at least to some degree. The Board of Probation records showed that of the thirty-eight

living patients that were discharged, fifty-two and six tenths per cent had not been arrested for intoxication since their release from the hospital.

In general, of the fifteen patients directly or indirectly contacted, it was found that five made good adjustments, three fair adjustments, and seven made poor adjustments. Those that made good adjustments were fortunate enough to return to good home environments where there were people who offered them love and affection, understanding and security. These patients had insight and wanted to be helped. On the other hand, those patients that made only fair or poor adjustments, had no home-life, or at the most, only a place where they could eat and sleep, but which never contained any one who would understand their problems and offer love, affection and security. These patients had returned to the same or similar environment from which they came, had little or no insight, the underlying causes for their alcoholism were still present, they sought no help and probably would not accept help even if it were offered.

Most alcoholics do not believe that they are in need of any help, and this brings up the question of educating the general public as to what is behind the problem of alcoholism. If information on the subject were made more generally known, those that do drink excessively would possibly recognize the fact that they are in need of help.

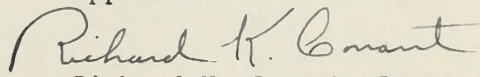
Alcoholism is not a new problem but in recent years, especially during the war years, excessive drinking gradually became a National problem and not a personal or local affair. There are probably numerous reasons for this excessive drinking; some say it is due to our culture while others blame the stress and strain of the war years. Unfortunately, knowing what things are creating this problem will not help those afflicted with this illness unless some positive and constructive steps are taken. The National Committee for Education on Alcoholism has been trying to interest civic leaders everywhere in a plan of community action. Local committees, already established in a dozen cities, are working to set up information and education centers on alcoholism. A part of their program is concerned with the setting up of clinics that will give the alcoholic the treatment he needs or guide him to it. They are also working to create an enlightened public opinion, and to persuade general hospitals to open facilities for the treatment of the acute phases of alcoholism. Their entire program seems to be directed toward the general acceptance of alcoholism as a national public health problem, and attacked as such, along lines similar to public health work on tuberculosis, cancer and syphilis.

The role of the social worker in such a program would be of great importance. Because of his close contact with the general public through the facilities of the

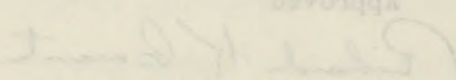
various agencies, he would be able to aid in educating the people to the fact that alcoholism is a symptom of an illness and not just a dissipation, and that the alcoholic is not to be punished but given medical assistance and other help. The social worker can also direct to the proper authorities, those in need of help, and follow through in the treatment of the group hurt and harmed by the individual alcoholic.

It is the writer's opinion that if such a general program could come into being whereby the general public would come to accept alcoholism for what it is, and money was made available to carry out the proposed plan, alcoholism would be no greater problem than tuberculosis is today. Alcoholism as such would still exist but due to improved treatment and preventive methods, the problem could be controlled just as other illnesses and diseases are controlled.

Approved


Richard K. Conant, Dean

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APPENDIX

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| Name | Diagnosis |
| Age | Intelligence |
| Religion | Education |
| Family History | Occupation |
| Psycho-sexual and Marital History | Military Record |
| Alcoholic History | Court Record |
| Hospitalization History | Birth and Develop- ment |
| Medical History | Personality and Interest |
| Post-Discharge Record | Home life or Environment |

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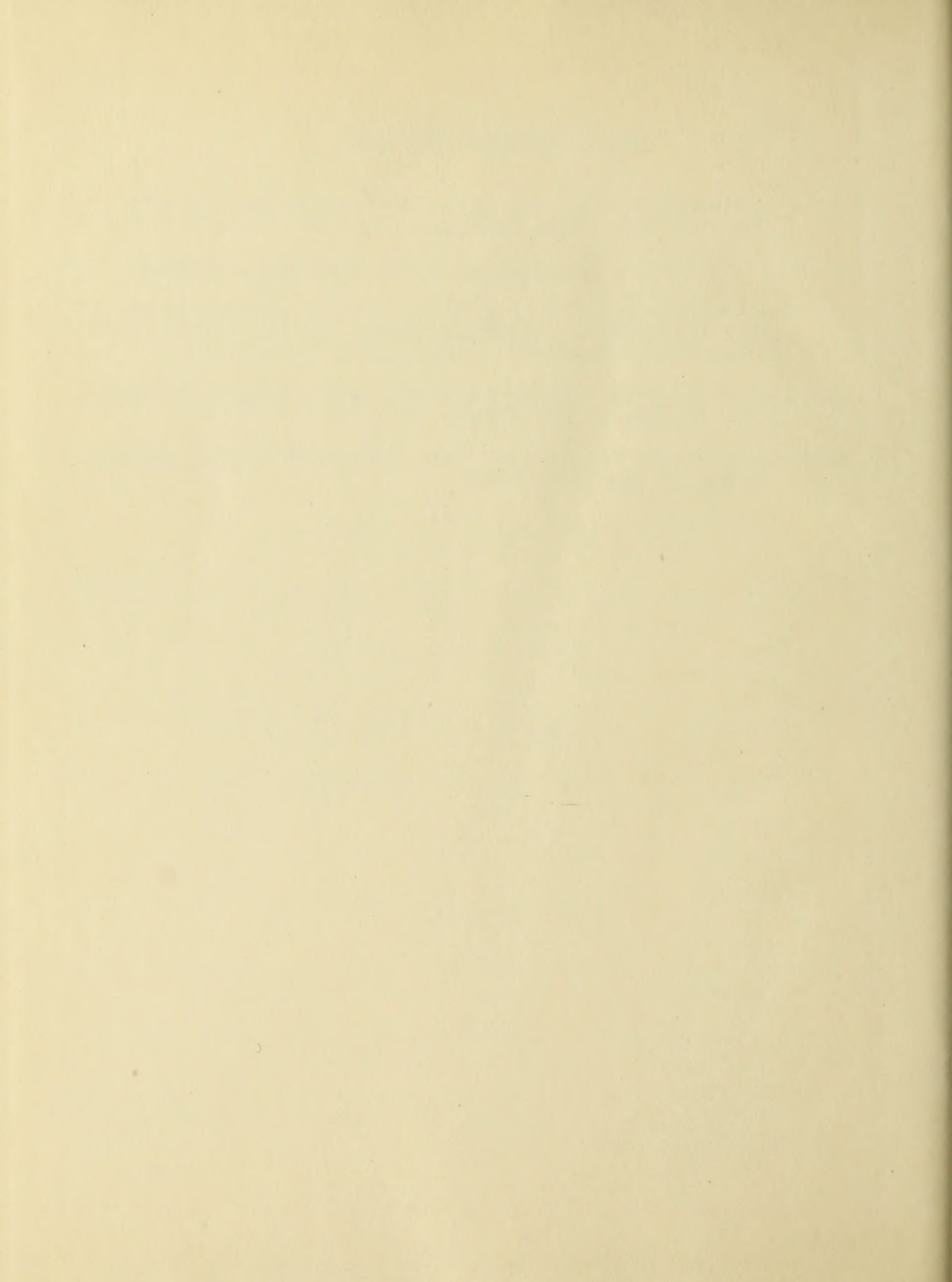
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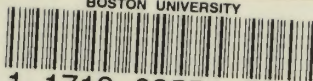
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